

## DONATION FORM (html)

Please send form to CMS, 23 North Sixth Street, Allentown, PA 18101

or e-mail: [info@cmslv.org](mailto:info@cmslv.org)

[\(back to site\)](#)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, state. Zip: \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

Please Use My Gift For:

General Operations  Financial/Scholarship Assistance

Outreach

In Memory of: \_\_\_\_\_

In Honor Of: \_\_\_\_\_ Other: \_\_\_\_\_

Please, if you wish a note of your generosity, name of persons and address necessary:  
\_\_\_\_\_  
\_\_\_\_\_

I wish this gift to be anonymous

I wish to be notified in the future of special events

Credit Card Information: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Card:  Am Express  Discover  Master Card  Visa