



Please mail this form and your check to:  
**Eagle Foundation**  
6746 Carlisle Pike  
Mechanicsburg, PA 17050

Date: \_\_\_\_\_ (Please PRINT all information clearly)

Donor's name: \_\_\_\_\_  
(print name as you would like it to appear in recognition listings)

If above is a company, list individual contact: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This gift is a  one time gift  pledge to be paid in payments

Total Pledge \$ \_\_\_\_\_ Total enclosed \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

**You can make an outright gift or you can choose to make a memorial or tribute gift recognizing an individual or event.**

Checks are payable to: *Eagle Foundation*

Complete this column if you are making a memorial or tribute gift.

*Your memorial/tribute gift will be acknowledged to the person or family member you designate but the amount of your gift will not be disclosed.*

This is  my personal gift

This gift is in memory of:

a company gift

\_\_\_\_\_

a company's matching gift

in recognition of:

\_\_\_\_\_

Enclosed is a check.

Please charge \$ \_\_\_\_\_ to my credit card.

Person to be notified of gift:

VISA  Mastercard Exp. Date \_\_\_\_\_

\_\_\_\_\_

Name as it appears on card:

Address:

Card # \_\_\_\_\_ CSC# \_\_\_\_\_  
(found on back of card)

City, State, Zip:

Signature \_\_\_\_\_

\_\_\_\_\_

A copy of the official registration and financial information for the Eagle Foundation may be obtained from the PA Department of State by calling toll-free, within PA, 1-800-732-0999. Registration does not imply endorsement.