



Charitable Gift Form

Gift From:

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Gift Amount: _____

Tribute Information:

In Memory of _____ In Honor of _____

Send notification to:

Name _____

Address _____

Fund Information:

Samaritan Fund *Benefiting residents in all Acts communities.*

Samaritan Fund in my Community
Specify community name _____

Spiritual Life Fund at my Community
Specify community name _____

Other
Specify fund name _____

Payment Information:

Check Enclosed

Credit Card - Gifts can be made securely online at ActsLegacyFoundation.org.

Visa Mastercard Discover American Express

Name as it appears on the card _____

Signature _____ Date _____

Credit Card - - -

Expiration Date - - CCV#

Return form to: Acts Legacy Foundation
420 Delaware Drive, P.O. Box 2222
Fort Washington, PA 19034