



*Inspire a Life with a  
Gift to Milestone Centers*

PLEASE PRINT CLEARLY

**DONOR / BILLING INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**MATCHING GIFT**  Please send me a matching gift form for my employer.

**MONTHLY GIFT**  Make this a monthly gift.

**DONATION INFORMATION**

**Amount:**  \$1,000  \$500  \$250  \$100  \$50  Other: \$ \_\_\_\_\_

**Designation:**  Annual Fund  Basic Needs Fund  Other: \_\_\_\_\_

I prefer to make this gift anonymously.  Name as you would like it in publications:  
\_\_\_\_\_

**PAYMENT INFORMATION**

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

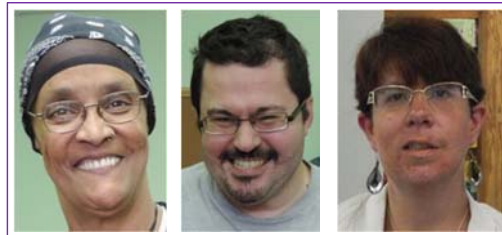
Card Type:  Discover  MasterCard  Visa

Expiration: Month: \_\_\_\_\_ Year: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Check enclosed

*continued on back*





### TRIBUTE INFORMATION

This gift is:  In memory of  In honor of

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

Please send an acknowledgement letter to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please make checks payable to: **Milestone Centers, Inc.**

### SEND YOUR GIFT, ALONG WITH THIS COMPLETED FORM TO:

Milestone Centers, Inc.  
Development Department  
600 Ross Ave.  
Pittsburgh, PA 15221

**Thank You**  
*for your gift!*