

# LANKENAU INSTITUTE FOR MEDICAL RESEARCH - GIFT FORM

This form can be printed and mailed with your gift to:

**Lankenau Medical Center Foundation**

**Attn: Development Office, 100 E. Lancaster Ave, Wynnewood, PA 19096**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please accept my gift in the amount of \$ \_\_\_\_\_**

## Payment Information

Visa  Master Card  Discover  Check\*  Cash

Card Number: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature: \_\_\_\_\_

*(Signature required for credit card transactions)*

**\*Please make checks payable to:** Lankenau Medical Center Foundation

## I am interested in supporting:

- |  |   |
|--|---|
| <input type="checkbox"/> Regenerative Medicine Vision Fund | <input type="checkbox"/> Cardiovascular Breakthrough Fund |
| <input type="checkbox"/> Biotechnology Innovation Fund     | <input type="checkbox"/> LIMR Unrestricted Fund           |
| <input type="checkbox"/> Immunotherapy Pioneer Fund        |   |

**Please complete if this contribution is:**

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

### **Notify:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

