



Yes! I support LifeShare Blood Centers!

**Please use my gift to support:**

- Area of Greatest Need
- Blood Donor Education, Recruitment & Collections
- John J. Moulds Reference & Scientific Support Laboratories
- Equipment & Facilities Improvements
- LifeScholars Scholarship Program
- Bone Marrow Program
- Other (describe): \_\_\_\_\_

Check # \_\_\_\_\_ enclosed in the amount of \$ \_\_\_\_\_  
 Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Credit Card Contribution:**

Amount \$ \_\_\_\_\_ Credit Card: Visa MC AmEx Discover  
 Name as it appears on card: \_\_\_\_\_  
 Billing Address (if different from above): \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
 Acct. No. \_\_\_\_\_ Expires \_\_\_\_\_ Code \_\_\_\_\_

Is this a one-time gift? Yes, in the amount of: \_\_\_\_\_ **OR**  
 Is this a recurring gift? (please circle one) Monthly Quarterly Annually

**This gift is in MEMORY or CELEBRATION of (name/s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Please notify (name and address):  
 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank You for your thoughtful gift!**

For more information about contributions, visit [lifeshare.org](http://lifeshare.org) or call 318.651.4415.

**Please remit to:**

LifeShare Blood Centers  
 Attn.: Development Department  
 8910 Linwood Avenue Shreveport, LA 71106-6508