

YES! I want to support LifeShare Blood Centers.

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- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Alexandria | <input type="checkbox"/> Lake Charles |
| <input type="checkbox"/> Laboratory/Research | <input type="checkbox"/> Baton Rouge | <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Shreveport | <input type="checkbox"/> Beaumont | <input type="checkbox"/> South Arkansas |

CHECK ENCLOSED FOR \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

LifeShare Blood Centers Foundation is a non-profit, 501(c)(3) Tax ID #72-1442539

IN MEMORY or IN HONOR OF _____

Please notify:

THANK YOU FOR YOUR GIFT!

For more information on financial gifts:
Call 800 256-5433 ext. 534 www.lifeshare.org

PLEASE REMIT TO:



8910 Linwood Avenue
Shreveport, LA 71106-6508