

Invest in our life-saving mission

YOU MAKE A DIFFERENCE WITH EVERY FINANCIAL GIFT!

To support Nebraska Community Blood Bank's mission to help save and sustain lives in the community, I would like to make a financial contribution in the amount of: \$25 \$50 \$75 \$100 OTHER: \$ _____

PAYMENT OPTIONS:

- PERSONAL CHECK — I have enclosed a check payable to Nebraska Community Blood Bank
 CREDIT CARD — Please charge to my: MASTERCARD VISA AMEX

ACCOUNT NUMBER: _____ - _____ - _____ - _____ EXPIRATION DATE (MM/YY): _____ / _____ SECURITY CODE (required): _____

NAME AS IT APPEARS ON THE CARD (please print):
 FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

CARDHOLDER SIGNATURE: _____ PHONE NUMBER ASSOCIATED WITH CARD (mandatory for CC payments): _____

TYPE OF CONTRIBUTION:

- GENERAL GIFT
 IN-HONOR OF: NAME OF HONOREE (please print): _____ OCCASION BEING CELEBRATED: _____
 IN-MEMORY OF: NAME (please print): _____

SEND ACKNOWLEDGEMENT CARD TO:

MR./MS./MRS./DR. _____
 TITLE AND COMPANY (IF APPLICABLE): _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 HOW WOULD YOU LIKE THE CARD SIGNED? _____

CONTACT INFORMATION (as you would like it to be published in our annual report):

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____
 TITLE AND COMPANY (IF APPLICABLE): _____
 STREET ADDRESS, CITY, STATE, ZIP: _____
 EMAIL ADDRESS: _____ PHONE NUMBER: _____

- Please save postage and resources. Do not acknowledge my gift with a thank-you note.
 I wish to remain anonymous. Do not publish my name in your annual report.
 YES! Please send me information via email: _____
 YES! I would like to receive a copy of Nebraska Community Blood Bank's annual report by mail.

THANK YOU FOR YOUR GENEROUS SUPPORT OF NEBRASKA COMMUNITY BLOOD BANK

Your gift is greatly appreciated and tax deductible to the extent allowed by law.

PLEASE MAIL THIS FORM AND PAYMENT TO:
 Nebraska Community Blood Bank
 100 N. 84th Street
 Lincoln, NE 68505

