



Final Wall Design Subject to Change.

Central California Blood Center



Grateful Friends Wall

Please add my name to the "Grateful Friends" wall

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Work Number _____

In Memory/Honor of _____

Payment Options - Gifts are tax deductible.

**Full amount enclosed (\$5,000). Please make check payable to:
Central California Blood Center.**

Please bill my credit card:

Mastercard **Visa**

Card Number _____ Expiration Date _____

Signature _____

All gifts are gratefully accepted.



Central California Blood Center

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Attn: Dean Eller