



Mary's Center Donation Form

Name: _____

Address: _____

Phone: _____

Email: _____

Gift Designation

Please designate my gift for:

Amount:

- | | |
|--|-------|
| <input type="checkbox"/> Annual Fund/Unrestricted | _____ |
| <input type="checkbox"/> Health Services | _____ |
| <input type="checkbox"/> Social Services | _____ |
| <input type="checkbox"/> Education and Family Literacy | _____ |
| <input type="checkbox"/> Where it is needed most | _____ |
| <input type="checkbox"/> Other | _____ |

Payment Method

- Check (Checks payable to Mary's Center)
 Credit Card
 Visa MasterCard American Express

Account Number: _____

Expiration Date: _____

Name as appears on the card: _____

I authorize Mary's Center to process the transaction as indicated above.

Signed: _____

Date: _____

- Please contact me about advantages of making a Planned Gift.
 I have included Mary's Center for Maternal and Child Care in my will.
 My company will make a matching gift (I have enclosed the form).
 Please do not list my name in any donor listings.

Mail this form with your donation to:

Sofia Morales, Special Assistant to the President
Mary's Center for Maternal and Child Care
2333 Ontario Road, N.W.
Washington, DC 20009

Questions? Phone: 202-420-7002

Email: smorales@maryscenter.org