



## Mary's Center Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**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?** Contact Sofia Morales at 202-420-7002 or [smorales@maryscenter.org](mailto:smorales@maryscenter.org)

Mary's Center is a 501(c)3 nonprofit organization.  
Your contribution is fully tax deductible to the extent allowed by law.