



Mary's Center

Make a gift today to help Mary's Center build better futures through the delivery of health care, education, and social services.

Date: _____

Donor Information:

Donor Name(s):		
Organization Name (if applicable):		
Address:		
City:	State:	Zip Code:
Phone:	Email Address:	

I'd like to make a gift of:

- \$100 \$250 \$500 \$1,000 \$2,000 Other \$ _____
- I would like to make a recurring monthly gift to Mary's Center in the amount of \$ _____

Payment Information:

Check enclosed. Please make payable to Mary's Center

Credit Card (please indicate type)

Master Card Visa American Express Other: _____

Card Number: _____

Exp. Date: _____ Security Code _____

Name as it appears on the card: _____

Signature

Date

I will use securities to make my gift. Please contact me with information about transferring stock.

- A matching gift form is enclosed for:** my employer
 my spouse's employer both employers

Employer name(s) (for matching gift only): _____

May we publicly recognize your gift? yes no

Name as it should appear in Donor List and for the Naming Opportunity:

Return completed form to:

Mary's Center, Attn: Sofia Morales, 2355 Ontario Road, NW, Washington, DC 20009 OR via email to smorales@maryscenter.org