Mary's Center is pleased to invite you to become a new charter member of the *Mary's Center President's Club*

Mary's Center's President's Club **is comprised of dedicated supporters whose annual gifts of $500 or more make them part of a special community of people who have made a significant commitment to advance the work of Mary's Center. The generosity of this group enables the center to build better futures for the individuals and families that come to Mary's Center for health care, education and social services.**

As a *President's Club* member, you will receive special updates about Mary's Center, invitations to special events and presentations, special recognition in our publications *(with your approval)*, and above all the satisfaction of knowing that your support directly contributes to the health and well-being of the individuals that walk through the doors of Mary's Center every day.

- ❑ ***YES! I would like to become a member of the President's Club today with my first annual donation of $500!***
- ❑ ***I am unable to join the President's Club at this time, but would like to contribute a donation of $_____.***

Please make your check payable to "Mary's Center" or visit www.maryscenter.org to donate online.

_____
Name

_____
Street Address

_____
City *State* *Zip*

_____
Phone

_____
Email

Please complete this form and mail to:

Mary's Center for Maternal and Child Care
c/o Priscilla Vasquez, Development Dept.
2333 Ontario Road, NW
Washington, DC 20009

My payment in the amount of $ _____

□ is enclosed □ will follow

Credit Card: □ Visa □ MasterCard □ American Express

Cardholder's Name_____ Signature_____

Card Number _____ Exp. Date_____

Optional: Please charge the following amount to my credit card each month: $_____ *($10 monthly minimum)*

Date of Transaction:
□ 1st of the month □ 15th of the month

I authorize Mary's Center to process the transaction as indicated above. I understand that this payment will continue until I request that it stop, and that any changes must be made in writing.

_____
Signature Date

☐ Check here if you or your spouse works for a company with a Matching Gift Program. If so, complete the company's matching gift form and return it with your contribution.

☐ Please do not list my name in any donor listings.

Questions? Contact Ashley Griffith at (202) 420-7052 or agriffith@maryscenter.org