

# Join “Mary’s Center’s 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 presentation, 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 \$\_\_\_\_\_.

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

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

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

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

**Mail to:** Mary’s Center for Maternal and Child Care  
c/o Ashley Griffith, Development Officer  
2333 Ontario Road, NW  
Washington, DC 20009

**Questions?** Phone: 202-420-7052  
Email: [agriffith@maryscenter.org](mailto:agriffith@maryscenter.org)

## Payment Method

- CHECK ENCLOSED  CHECK WILL FOLLOW

If you are gifting on a monthly basis, would you like us to send you a reminder?

- Yes  No

### CREDIT CARD

- Visa  Master Card  American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as appears on the card: \_\_\_\_\_

Optional: monthly debit amount: \_\_\_\_\_  
(\$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. If monthly debit is to occur automatically, I understand that this payment will continue until I request that it stop, and that any changes must be made in writing.

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 (or my spouse’s company) will make a matching gift (I have enclosed the form).
- Please do not list my name in any donor listings.

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