



Moms Against Poverty Donation Form

Contact Information:

Name:

Street Address:

City, State, ZIP Code:

Home Phone:

Work /Cell Phone:

Email Address:

Please indicate amount of Donation: Your Contribution is %100 Tax Deductible

Monthly \$100 \$75 \$50 \$25 Other \$ _____

Yearly \$100 \$75 \$50 \$25 Other \$ _____

I would like to make a onetime contribution of \$ _____

Payment Method

Credit Card:

Master Card Visa AMEX Amount \$ _____

Credit Card # _____

Name as it appears on Credit Card:

Expiration Date: _____ 3or 4 Digit Security Code: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Payment by Check - Please Make Check Payable to Moms Against Poverty or MAP

I give permission to MAP to withdraw funds from my account. I understand that I can cancel this arrangement at any time I choose.

Name (printed):

Signature:

Date:

MAP is a 501 (c) (3) charitable organization; Tax ID# 20-8865521 • OFAC License# IA-12951.

P.O. Box 4212, Burlingame, CA 94010 • Phone: (650) 271 - 7178 • (703) 298-7174

www.momsagainstopoverty.org