



Moms Against Poverty Donation Form

Contact Information:

Name: _____

Street Address: _____

City, State, ZIP Code: _____

Home Phone: _____

Work /Cell Phone: _____

Email Address: _____

Payment Method (Credit Card or Check)

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

Mail the Check to P.O. BOX 4212, Burlingame CA. 94011

Payment by 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: _____

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