



## **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.