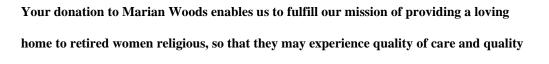
Donation Form





of life through a holistic and simple lifestyle. Name(s) CONTACT Company_____Title/Position___ ______ State _____ Zip Code _____ Phone () Email ☐ Donation ☐ Memorial Gift ☐ Honor Gift I'd like to make a In Memory/Honor of: _____ All donations will be applied to our General Giving Fund. GIFT INFORMATION Please select the type of donation you wish to make: ☐ Single\One-Time Gift ☐ Monthly Gift ☐ Quarterly Gift Process my gift on the: \Box 1st \Box 5th \Box 10th \Box 15th \square 20th \square 25th of the month Start Giving On: ____/___(mm/dd/yyyy) In the amount of: \$250.00 \$100.00 \$50.00 \$25.00 \$ Other Comments: Enclosed is a voided check for my gift. Please transfer my gift from my checking account. OR **For One-Time Checking Account donations, please include a completed check with your donation form. My credit card information is listed below for gift. Please transfer my gift from my credit card. 🚾 🗪 🚾 PAYMENT INFORMATION Card Number Expiration Date ____/___ Yes! Please add the 3% Processing Fee assessed to Marian Woods, Inc for me. I understand my future donations will be transferred For Office Use Only \$ _____ Processing Fee Amount (3% amount for directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my Credit Card gifts or \$3% amount gift at any time through the online donation form at Checking Account gifts) www.marianwoods.org or by contacting Marian Woods, _ Total Donation Amount (required) Inc by phone or mail. All donations provided to Marian (Donation Amount specified above + Woods, Inc comply with U.S. Law. Processing Fee Amount) Signature (Required) Date