

# MAIL-IN DONATION FORM

Please Print This Page and Mail With Donation To:

MGA/NL-MD Donations  
Department 0440  
Washington, DC 20042-0440

Credit Card donations can also be faxed to 641-472-1702

DONOR NAME: MR/MRS/MS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_

WORK \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please use my donation for:

General support for the Mother Divine<sup>SM</sup> program  Perpetual Fund  Other (Please specify) \_\_\_\_\_

Whom on the Mother Divine program may we thank for inspiring this donation?

\_\_\_\_\_  
\_\_\_\_\_

## For Automatic Monthly Credit Card Donations Only

I would like to donate \$ \_\_\_\_\_ per month starting in (mo/yr) \_\_\_\_\_ and ending in (mo/yr) \_\_\_\_\_

I authorize MGA/NL-MD to collect my donation from my credit card:  VISA  MasterCard

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PLEASE SIGN \_\_\_\_\_

(Please note: All credit card charges are computed in US \$ amounts.)

## For One-Time Credit Card Donations Only

I authorize MGA/NL-MD to collect my donation of \$ \_\_\_\_\_ from my credit card:

VISA  MasterCard

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PLEASE SIGN \_\_\_\_\_

(Please note: All credit card charges are computed in US \$ amounts.)

## For Check Donations Only

My check is enclosed for \$ \_\_\_\_\_  One-time  Monthly  Other \_\_\_\_\_

Please make checks payable to: "MGA/NL-MD Donations". Please do not write any individual's name on the check.

NOTE: • This donation will be used for the purposes of the Mother Divine program in general and not be set aside for a particular individual.\* • Donations to MGA/NL-MD are tax deductible. • Donations should be in US Dollars.

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