



P.O. Box 341991
Austin, Texas
78734
Phone: 800.682.1729

Please print and complete this form.

Donation Information:

I would like to donate (check one): \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Payment Options:

I've enclosed a check payable to **Mary's Touch**. Please mail your check with this form, to:

Mary's Touch
P.O. Box 341991
Austin, Texas
78734

I authorize **Mary's Touch** to debit the following credit card:

VISA MasterCard Discover American Express

Cardholder's Name: _____

Credit Card Number: _____ CVV (Authorization number): _____

Expiration Date (MM/YY): _____

Authorized Signature: _____

Donor Information:

Please select your preference: Mr. Mrs. Mr. & Mrs. Ms. Dr. None

First Name: _____ Last Name: _____

Spouse's Name: _____ Daytime Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail Address: _____

Yes, Mary's Touch may contact me by e-mail with updates and information.

Donor Recognition:

I'd like my name to read as follows: _____

I prefer that my gift remain anonymous.

This gift is in honor of or memory of someone special (optional):

In honor of (Name): _____

In memory of (Name): _____

Please send acknowledgement of this gift to:

Salutation: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code _____