

Thank you for your support of EduCare Support Services, Inc

Please complete and mail this form to:

EduCare Support Services, Inc

Attn: Program Development Office

7001 New Hampshire Avenue, Takoma Park, MD20912

Or fax to: 301-960-4232

Donation

Donation Type (please circle one): *Emergency Services(Food Pantry)

*Supported Employment Program *General Operating Support

*Outreach Program

Amount:

\$25.00

\$50.00

\$100.00

\$250.00

\$500.00

Other Amount \$

I would like my donation to recur: YES / NO

I am paying by Check / Credit Card (circle one)

If by credit card, please complete the following:

Please charge my credit card (*circle one*) Visa/MasterCard/American Express

Account # : _____/_____/_____/_____

Expiration Date: _____/_____ Card Security Code (*three or four digit code printed, not imprinted or stamped, on your card*): _____

Signature: _____

Name (*as it will appear on the credit card*): _____

Address: _____

E-mail (*required for credit card Donations*): _____

Phone: _____ Birthday (*month/day*): _____/_____

Under no circumstances do we sell, share or otherwise disclose information on our mail recipients.