

MAIL-IN DONATION FORM
(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _() _____ Work phone: _() _____ Pager: _() _____

Be sure to enclose your check or your credit card information.

E-Mail Address: _____

PLEASE INDICATE:

Enclosed is my check for \$ _____ Please charge my gift of \$ _____

Visa / Mastercard / American Express / Discover

Account No. _____

Exp. Date _____

Signature _____

Phone Number _____

Please make checks payable to Congress Heights Main Streets.

All gifts are tax-deductible to the extent allowable by law. For more information, call 202.562.1405

Congress Heights Main Streets makes every effort to honor your designation; however CHMS reserves the right to apply funds to another purpose if in the sole judgment of the Board of Directors of CHMS, the original designation becomes, in effect unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community or area served.

Signature

Today's Date