

# MARY'S PENCE CONTRIBUTION FORM



Mary's Pence

Funding Women. Changing Lives.

*Yes! I want to help provide essential resources and uplift the work of women. Here is my gift to support women building better lives for themselves and their communities.*

## My Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please send me:

Materials to share with others – amount needed: \_\_\_\_\_

Information about including Mary's Pence in my Will or Estate Plan

## Option One: Single Gift

Enclosed is my tax-deductible contribution of:

\$35     \$50     \$100     \$500     \$1000     Other \$ \_\_\_\_\_

I prefer to give by:

Check (payable to "Mary's Pence")     VISA     MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CSV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

## Option Two: Compañera Monthly Gift

I would like to contribute:

\$7/month     \$10/month     \$20/month     \$50/month     \$ \_\_\_\_/month

To Start My Monthly Donations:

Please send me envelope labels and I will send my pledged gift monthly via check.

Charge the above amount to my:     VISA     MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CSV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Enclosed is my check marked VOID and I have signed the Monthly Bank Withdrawal (ACH) Authorization below.

### Monthly Bank Withdrawal (ACH):

I hereby authorize Mary's Pence to initiate debit entries to my bank account. I have enclosed a blank voided check on the account for which ACH Debits are authorized. I authorize a donation of the amount indicated on the reverse of this form to be automatically drafted on the 1st day of each month. This authority will remain in full force until Mary's Pence receives written notification from me. I understand that at least 10 working days' notice is needed to allow adequate time for Mary's Pence to act on requests for termination of the service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Gifts in Honor or Memory of Someone

This gift is made:     In memory of     In honor of

Name: \_\_\_\_\_

Send notification of this gift to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Please send this form and your donation payment to: Mary's Pence, 275 4<sup>th</sup> St E, #510, St. Paul, MN 55101-1683**

*Thank you for your compassion and generosity!*