

DONATION FORM

I WANT TO SUPPORT FUNDACIÓN MMM PROGRAMS & SERVICES

I would like to make a one time gift

I would like to become a monthly donor

Accept my gift of \$ _____

Donor Name: _____

Organization name (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country _____

Email (optional) _____

Telephone Number (optional) _____ Home _____ Mobile _____ Work _____

I am enclosing a check payable to Fundación MMM

I prefer to pay with

VISA MASTERCARD AMEX

Card Number: _____ Expiration Date: _____ Security Code: _____

To ensure proper preparation of your tax receipt please mail this completed form to:

**Fundación MMM
PO Box 71114
San Juan, PR 00936-8014**

THANK YOU

GIVE ONLINE AT FUNDACION-MMM.ORG