

MAIL-IN DONATION FORM

PLEASE PRINT THIS PAGE AND MAIL WITH DONATION TO:
MGANL – MD Donations
P.O. Box 420440
Washington, DC 20042-0440

Credit Card Donations
can also be faxed to
641-472-1702

DONOR NAME: MR/MRS/MS _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: HOME _____

WORK _____

EMAIL: _____

Please use my donation for the Mother Divine ProgramSM for the purpose of :

General support Perpetual Fund Building Fund Other (Please specify) _____

Whom on the Mother Divine Program may we thank for inspiring this donation?

FOR AUTOMATIC MONTHLY CREDIT CARD DONATIONS ONLY

I would like to donate \$ _____ per month starting in (mo/yr) _____ and ending in (mo/yr) _____

I authorize MGANL to collect my donation from my credit card: VISA MasterCard

CARD NO. _____ EXP. DATE _____

PLEASE SIGN _____

(Please note: All credit card charges are computed in US \$ amounts.)

FOR ONE-TIME CREDIT CARD DONATIONS ONLY

I authorize MGANL to collect my donation of \$ _____ from my credit card:

VISA MasterCard

CARD NO. _____ EXP. DATE _____

PLEASE SIGN _____

(Please note: All credit card charges are computed in US \$ amounts.)

FOR CHECK DONATIONS ONLY

My check is enclosed for \$ _____ One-time Monthly Other _____

Please make checks payable to: "MGANL Donations". Please do not write any individual's name on the check.

NOTE: • This donation will be used for the purposes of the Mother Divine Program in general and not be set aside for a particular individual.*
• Donations to MGANL are tax deductible to the extent allowed by US and international law. • Donations should be in US Dollars.
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