

Donation Form for US and Canadian Dollars

If you would like to make a donation offline, please print out this form and send it by mail to:

**Medical Missionaries of Mary
Mission Development Office
4425 W 63rd St., Ste 100
Chicago, IL 60629-5530 USA**

Name: _____

Address: _____

City State Zip: _____

Phone: _____

e-mail: _____

Now use your credit card or electronic funds transfer to make a recurring gift to MMM

I authorize my bank to transfer the amount of: \$_____
 monthly bi-monthly quarterly

To initiate the electronic funds transfer ***I am enclosing my check*** of \$_____.

I understand that a record of each donation will be included on my monthly bank statement.

Signature: (required) _____ Date: _____

I prefer to pay by credit card: MasterCard Visa

this time only monthly bimonthly quarterly

Charge my card: \$500 \$100 \$50 \$25 \$10 Other \$_____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____

Name as it appears on card (please print): _____

Signature: (required) _____

At this time I wish to make a one time donation enclosed is my check in the amount of \$_____

I prefer my contribution be used for:

- Greatest Current Need Children and AIDS Women in Development
- Support of our Sister students Care of Retired Sisters
- Mission in _____

At any time you may discontinue recurring donations simply by calling our office at **773-735-3712**
or by emailing us at: mdommm@sbcglobal.net.

Medical Missionaries of Mary, Inc is a tax Exempt 501 (c) 3 organization under the IRS code.
Your personal information is not shared.