

EXTERIOR FLAP



PLEASE
PLACE
STAMP
HERE

ABC ORGANIZATION
123 Any St SW
City, State Zip

Thank you for supporting { our mission }

I would like to make:

a monthly gift of \$ _____

a one-time gift of:

\$500

\$250

\$100

Payment Method:

My check is enclosed - payable to ABC Organization.

Charge my credit card (Visa/MC/Discover/Amex):

Name on Card _____

Card Number _____

Exp. Date _____ Security Code _____ Billing Zip _____

Signature _____ Date _____

My gift is In Honor / In Memory (circle one) of: _____

Name _____
(As it will appear for recognition purposes)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

My company will match my gift.

I have made or would like to make a gift through my will or estate.

Please exclude me from regular email communications.



Make your gift online!
Scan the QR Code above or
visit abc.org/give