

Printable Donation Form

MAIL COMPLETED FORM TO: Seena Magowitz Foundation PO Box 4119, Arlington, VA 22204

BILLING INFORMATION
Name:
Address:
City: State: Zip:
Home phone: () Cell phone: ()
Email address:
 Donate by check Donate by credit card Please charge my credit card with my contribution of \$
Credit card type: 🔲 American Express 🔲 Discover 🔲 MasterCard 🔲 VISA
Please print card number using black or blue ink. Exp. date (MMYY)
Name on Card (Please print name clearly):
Authorizing Signature:
TRIBUTE INFORMATION
If you would like to make this donation in honor or in memory of someone, please fill in the information below. My donation is in honor of
Name of individual
My donation is in memory of
Would you like Seena Magowitz Foundation to send a card to someone as notification of your honor or memorial donation?Your gift amount will not be included in the card.
 No, do not send a card Yes, send a card to: Name:
Address:
City: State: Zip:
Personal message and signature (maximum of 120 characters):
We have anonymous donors that will match your donation dollar-for-dollar up to \$10,000.