

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. |