

Prayers from

Maria



Children's Glioma Cancer Foundation

Prayers From Maria Foundation
P.O. Box 99
Avon Lake, Ohio 44012
www.PrayersFromMaria.org

Date: _____ (Please PRINT all information clearly)

Name: _____

Address: _____

City/State/ZIP: _____

Home phone: (_____) _____ Email: _____

(Receipt will be sent to the address above.)

I wish to donate and support the *Prayers From Maria Foundation* with a gift of:

_____ \$25 _____ \$50 _____ \$75 _____ \$150 _____ \$300 _____ \$500

_____ OTHER: \$ _____

Payment method:

_____ Enclosed is a check payable to the *Prayers From Maria Foundation*

_____ Please bill me for my donation

_____ My employer will match my gift.

I will forward a copy of my pledge to the Human Resources Office. Please follow up and contact _____ (Name of person) at _____ (Name of Employer). They can be reached at _____ (phone number).

TYPE OF DONATION (please check a box):

General donation

Gift in memory of: _____ (name of deceased)

Gift in honor of: _____ (name of individual)

If you wish to donate by credit card please visit us at www.prayersfrommaria.org
We thank you for your support.
Your contribution may be tax-deductible.

Helping Families, Finding Cures



Prayers from

Maria



Children's Glioma Cancer Foundation