



MARY GRAHAM
**CHILDREN'S
FOUNDATION**
ADVOCATE | EDUCATE | FOSTER | INSPIRE

I/We want to give the gift of a brighter future...

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Enclosed is my gift to the Mary Graham Children's Foundation

\$25 \$50 \$100 \$250 \$500 \$1,000 Other: \$_____

I would like to pay this amount **monthly**.

I would like to pay this amount **annually**. Please mail me a payment form once a year.

This gift is:

In memory of: _____

In honor of: _____

Please send notification of my contribution to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail this form along with your donation to:

Mary Graham Children's Foundation

PO Box 792

Stockton, CA 95201

If you have questions, please call (209) 403-5654 or email Director@MaryGrahamFoundation.org

All gifts are tax deductible. Tax ID #: 94-3377000