

## Field Partner Monthly Giving Program Enrollment Form

| Name  |
|---|
| Address   |
| City  |
| StateZip Code   |
| Telephone   |
| Please email me the latest updates from the field and free e-newsletter at:   |
| Email Address   |
| I would like to make an automatic monthly gift of:  |
| □ \$10 □ \$15 □ \$30 □ \$50 □ \$Other   |
| □ Option 1: By Credit Card  |
| Please charge my gift each month to:  □ Visa □ MasterCard □ American Express □ Discover   |
| Credit Card Number Expiration Date  |
| Name (as it appears on your credit card)  |
| Signature Date  |
| □ Option 2: By Direct Debit   |
| If you would like to pay by direct debit from your checking account each month, please enclose a voided check. Your future monthly gifts will be transfered from your checking account. |
| Signature Date  |

Thank you for your generousity. All contributions are tax deductable. Divine Mercy And Free To Be is a U.S. - based tax - exempt under section 501(c)3 of the Internal Revenue Code.



## **Donation Form**

| Authorized S Account Nur This gift is Name Custom Mes | Signature mber  ☐ In honor of:  Ssage  Person(s) to notify | d, Visa, and Discover accepted.  Date Expiration Date In memory of:  |  |  |  |  |
|---|--|--|--|--|--|--|
| Authorized S Account Nur This gift is Name Custom Mes | Signature mber  In honor of:  ssage                        | DateExpiration Date  |  |  |  |  |
| Authorized S Account Nur This gift is Name            | Signature<br>mber<br>☐ In honor of:                        | Date Expiration Date   |  |  |  |  |
| Authorized S Account Nur This gift is                 | Signature<br>mber<br>In honor of:                          | DateExpiration Date  |  |  |  |  |
| Authorized S Account Nur                              | Signature  | DateExpiration Date  |  |  |  |  |
| Authorized S  | Signature  | Date   |  |  |  |  |
|   | •  |  |  |  |  |  |
| American E  | xpress, MasterCa   | d, Visa, and Discover accepted.  |  |  |  |  |
| Divine Mercy  | And Free To Be   | e to Divine Mercy And Free To Be and mail it with this form O Box 1167 Pleasantville, NJ. 08232 U.S.A Ge to your credit card: (Please print and sign form) |  |  |  |  |
| I am makin  | g a tax-deductible   | gift of:  \$50 \$100 \$500 \$1,000 \$Other   |  |  |  |  |
| Email Addres  | SS   |  |  |  |  |  |
| Please emai   | I me the latest up   | ates from the field and free e-newsletter at:  |  |  |  |  |
| Telephone   |  |  |  |  |  |  |
| State   |  | Zip Code   |  |  |  |  |
|   |  |  |  |  |  |  |
| City  |  |  |  |  |  |  |
| Address   |  |  |  |  |  |  |

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## **Tribute Donation Form**

| Name                          |  |
|-------------------------------|--|
| Address                       |  |
| City                          |  |
| State                         | Zip Code   |
| Telephone                     |  |
| Please email me the latest up | odates from the field and free e-newsletter at:  |
| Email Address                 |  |
| I am making a tax-deductibl   | le gift of: □ \$50 □ \$100 □ \$500 □ \$1,000 □ Other   |
| Divine Mercy And Free To Be   | ole to Divine Mercy And Free To Be and mail it with this form to: P .O Box 1167 Pleasantville, NJ. 08232 U.S.A rge to your credit card: (Please print and sign form) |
|                               | ard, Visa, and Discover accepted.  |
| Authorized Signature          | Date   |
| Account Number                | Expiration Date  |
| This gift is                  | ☐ In memory of:  |
| Name                          |  |
| Custom Message                |  |
| Name of Person(s) to notif    | · ту   |
| Address                       |  |
| City                          | State  |
| 7in Cada                      | Country  |

Thank you for your generousity. All contributions are tax deductable. Divine Mercy And Free To Be is a U.S. - based tax - exempt under section 501(c)3 of the Internal Revenue Code.



## Donate to Divine Mercy and Free To Be



The founding principles of the Divine Mercy and Free To Be Foundation consider education fundamental, not only as a means for eradicating poverty, but also as a decisive means for building a brighter future for the youth that are impoverished and for society at large.

| Your Gift:          | \$50 \$100  | \$250 O  | \$500   \$1000   | Other \$      | and the second                      |
|---------------------|---|--|--|---------------|-------------------------------------|
|                     | this to be a m  |  |  | •             |                                     |
|                     |   |  | or memory of som   | eone.         |                                     |
|                     | WISA MasterCard   | <b>=,0</b> /   | PayPal   | <b>amazon</b> | 22                                  |
| Payment<br>Method:  | AMERICAN DISCOVER NETWOOK   | CHECK  | 0  | 0             |                                     |
| Credit Card         | Number  |  |  | *             |                                     |
| Please do not enter | spaces or dashes.   | ****   | A STATE OF THE STA | J             |                                     |
| cvv *               | Expiration  | on Month   | ▼ / Year ▼   | *             |                                     |
|                     |   |  |  |               |                                     |
| Your Info           | mation  |  |  |               |                                     |
| This is a corr      | porate donation.  |  |  |               |                                     |
| Title •             | sorate domation.  | •  |  |               |                                     |
| First Name          |   | *  | Last Name  |               | *                                   |
| ☐ This gift is fr   | om 2 donors.  | and the second s | Ser years and the service of the ser |               |                                     |
| Address 1           |   | *  | Apt, Suite, Bldg   |               | The second production of the second |
| City                |   | *  | State (Please selec  | et)           | *                                   |
| Zipcode             | magayansishida 1300 din Sinda pertusyoti samayansishida biron orang | *  | United States of Ar  | merica        | *                                   |
| Email               |   | *  | Phone (numbers   | only)         | drawari se establismo               |
|                     |   |  |  |               |                                     |

I would like to receive text messages

from Divine Mercy And Free To Be to this number.

I want to receive emails from Divine

Mercy And Free To Be about their work in the field.