

## CONTRIBUTE NOW!

Thank you for your contribution to Paul's Place! Please print and complete the form below and return it by mail to: Paul's Place, 1118 Ward Street, Baltimore, MD 21230.

To make a donation in honor or memory of someone special, please complete page 2 of this form and return it with your contribution.

### Donation Amount

Donation Amount: \_\_\_\_\_

### Donor Information

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Name as you want it to appear on Annual Report: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Payment Information

Payment Method: \_\_\_\_\_ Check Enclosed  
\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration: Month \_\_\_\_\_ Year \_\_\_\_\_ CVV \_\_\_\_\_

### Billing Information

Billing information is same as donor information: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Disclosure Statement:** A copy of our current financial statement is available on request by writing Paul's Place, 1118 Ward Street, Baltimore, MD 21230 or calling 410-625-0775. Documents filed under the MD Charitable Solicitations Act can be obtained from the Secretary of State; State of House; Annapolis, MD 21401 for the costs of copying and postage.

### Additional Information

\_\_\_ I wish to make a donation in honor or memory of someone special.

In Honor of: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Occasion: \_\_\_\_\_

Dedication Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_