



Helping the self-esteem of children

Monetary Donation Form

Contact Information

Print Full Name: _____

Company/Organization (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I/We would like to volunteer. I/We would like to receive newsletter.

How did you hear about us? _____

Donation Information

This is my first contribution to Maggie's Wigs 4 Kids of Michigan, Inc.

\$50 (Princess Tea Party) \$100 (Comfort Bag) \$200 (Support Services) Other amount \$ _____ (Use where most needed)

In Honor of _____ In Memory of _____
Recognition card to be sent to...

Name (if different than above): _____ Email: _____

Payment Information

- Check # _____ (payable to: Maggie's Wigs 4 Kids of Michigan, Inc.)
- Cash
- Credit Card (please charge my card listed below)

Name on Card (please print): _____

Billing Address: _____

Card Number _____ Exp Date: _____ 3-digit (CVV) _____

Signature: _____

Where to Send

Maggie's Wigs 4 Kids of Michigan, Inc.
30130 Harper Ave.
St. Clair Shores, MI 48082

Phone: 586-772-6656 Fax: 586-772-6674
Email: maggie@wigs4kids.org
Website: www.wigs4kids.org

Thank you for your generosity and support!

Internal Use Only: Processed Sales Receipt Record in Excel Sent Acknowledgment