

Charlestown

BENEVOLENT CARE

Neighbors Helping Neighbors

DONATION

Name: _____

Apartment #: _____

I would like to have my donation billed in monthly installments of \$ _____. This will continue until I notify the Charlestown Philanthropy Office.

I would like to have \$____ added to my statement for a one (1) time donation.

Enclosed is my cash/check donation in the amount of \$_____.

May we use your name in print as a donor? Yes No

If yes, please print your name, as you would like it to be displayed.

By Signing below, I authorize this donation:

Signature: _____

Date: _____

*Please return to the Philanthropy Office, 719 Maiden Choice Lane,
Catonsville, MD 21228*