



Mail-In Donation Form
This form may be mailed or faxed

A Mothers Kiss, Inc. PO Box 513 Ridge, NY 11961
Fax: 631-924-0771

Date: _____

Amount of Donation _____

Will this be a one-time donation? Y / N

A recurring monthly donation?* Y / N

A recurring quarterly donation?* Y / N

*If you decide to make a monthly or quarterly recurring gift using a credit card, A Mothers Kiss will automatically process your gift to the credit card information provided below

____ Enclosed is my check payable to A Mother's Kiss, Inc.

____ Charge my credit card (see below)

Credit Card Number _____ Expiration Date _____

Check a card ____ Visa ____ MasterCard ____ American Express ____ Discover

Cardholders Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

This donation is from: Mr. Mrs. Mr. And Mrs. Ms. _____

Mailing Address _____

Phone Number _____

Email Address _____

This gift is made in honor of _____

This gift is made in memory of _____

Please send an acknowledgement of my tribute to:

Mr. Mrs. Mr. And Mrs. Ms _____

Mailing Address _____

I would like to provide the following message with the acknowledgement (please limit to one line)
