



Mom's House®
2505 Franklin Avenue
Toledo, Ohio 43610

419.241.5554 phone
419.241.6588 fax

I/We would like to support the mission and goals of Mom's House® as they provide child care and services to young, single, low-income, full time student moms. Please accept my/our contribution of \$_____ to the Mom's House® Annual Fund Campaign.

Name_____

Address_____

City_____ State_____ Zip_____

E-Mail Address_____

Business Telephone_____ Personal Telephone_____

I/We would prefer to:

____ Pay in Full (Payment Enclosed)

____ Pay a Partial Gift today of \$_____

____ Deduct \$_____ monthly from my credit card

I/We wish to charge the payment(s) using the following credit card:

____ Mastercard ____ Visa

Credit Card #_____

Expiration Date:_____

Signature_____

Mom's House® is an incorporated 501 (c) (3) organization. 100% of your donation is tax deductible.