



Send check or credit card information to:

MMIA  
411-B North Judd Pkwy, NE  
Fuquay-Varina, NC 27526

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

**Donor Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company (Optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please also fill in the following information if paying by credit card**

(AMEX, Visa, MasterCard and Discover accepted)

Cardholder's Name: \_\_\_\_\_ Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Card Expiration: \_\_\_\_\_ CSC #: \_\_\_\_\_

**If billing information differs from donor information, please enter the information below**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**To make your gift in honor of or in memory of an individual, family, etc. please complete the following section**

I would like my gift to be (choose one):

In honor of  In memory of

Acknowledgee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_