



**MANA's Annual Program Initiatives  
Donation Form**

\_\_\_\_\_  
**Donor's name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-mail**

\_\_\_\_\_  
**Donation Amount**

\_\_\_\_\_  
**Name as it appears on the card**

\_\_\_\_\_  
**Card Number**

\_\_\_\_\_  
**Billing Address**

\_\_\_\_\_  
**Authorized Signature**

VISA       MasterCard       Check enclosed       PayPal

If you are **sending a check**, please mail it to:

1146 19<sup>th</sup> St. N.W., Suite 700

Washington, DC 20036

Please Fax form to 202-496-0588 or mail to the above address

MANA Office Use Only

Date Received: \_\_\_\_\_ Total Amount Received: \_\_\_\_\_