

Martha's Table

EDUCATION • FOOD • OPPORTUNITY

Make a gift today to support Martha's Table's Healthy Start, Healthy Eating and Healthy Connections programs for vulnerable children and families.

Today's Date: _____

I'd like to make a gift of:

- \$100
 \$250
 \$500
 \$1,000
 \$2,000
 Other \$ _____
 I would like to make a recurring monthly gift to Martha's Table in the amount of \$ _____

Donor Information:

Donor Name(s):		
Organization Name (if applicable):		
Street:		
City:	State:	Zip:
Phone:	*Email:	

** By providing your email, you'll receive occasional email updates from Martha's Table. You can unsubscribe at any time. Martha's Table will never rent, sell, or exchange your email address.*

Payment Information:

- Check payable to Martha's Table
 Charge my credit card

Card Number:		
Exp. Date:	CVC Code:	Billing Zip:
Signature:		

Tribute Gifts (optional):

- In honor of
 In memory of

Honoree Name(s):	
Please Notify:	
Address for Notification (email or mailing):	
Personal Message (optional):	

Maximize your gift!

Check with your employer to see if your gift is eligible for a corporate match.

- My gift is eligible for a match. Company name: _____

Mail completed form to: Martha's Table, PO Box 97260, Washington, DC 20090-7260

Any questions: please contact Jon Squicciarini at (202) 808-8016 or js@marthastable.org.

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