

Martha's Table

EDUCATION • FOOD • OPPORTUNITY

Make a gift today to help Martha's Table increase access to quality education, health and wellness, and family support programs in Washington D.C.

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 for to: Martha's Table, P.O. Box 70970, Washington, D.C. 20024

Any questions: please contact our Development Team at (202)-846-1043 or kmagill@marthastable.org

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