## **Market USA Cares Foundation Donation Form**

 $\Box$  Yes! I would like to support the Market USA Cares Foundation, a 501(c)(3) charitable organization.

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	CELL:	
e-MAIL:		

## **Payment Information**

AMOUNT (minimum \$5 donation to become a member):

\_\_\_\_CHECK ENCLOSED (Please make checks payable to Market USA Cares Foundation)

Existing Market USA Federal Credit Union members may transfer from a Market USA FCU Account. ACCOUNTNUMBER

Signature

## Return this completed form to:

Market USA Cares Foundation 8100 Gorman Road, Suite 100 A Laurel, MD 20723

Thank you for support. Donors providing more than a \$250 single contribution will be emailed a receipt.