

- Yes!** I would like to join and support the Market USA Cares Foundation, a 501(c)(3) charitable organization.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL: _____ EMAIL: _____

- I am an existing member of the Market USA Cares Foundation, a 501(c)(3) charitable organization and am making a donation.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL: _____ EMAIL: _____

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.

ACCOUNT NUMBER _____

Signature _____

Return this completed form to:

Market USA Cares Foundation
8871 Gorman Road, Suite 100 A
Laurel, MD 20723

Thank you for your support.

Donors providing more than a \$250 single contribution will be emailed a receipt.