

Morgan Memorial Goodwill Industries
Monthly “Count on Me!” Donation Form

Yes! I want to join the monthly “Count on Me!” monthly sustainer program to help Morgan Memorial Goodwill with its mission to help individuals with disabilities and other barriers to achieve independence and dignity through work.

Your monthly donation will be deducted from your account around the 15th of each month. Please print out and complete this form and mail it to:

Morgan Memorial Goodwill Industries
Attn: Annual Giving Program
1010 Harrison Ave
Boston, MA 02119

First Name _____ Last Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Phone _____ E-Mail (optional) _____

Monthly gift amount (minimum \$5 per month): \$ _____

Choose your payment option:

Auto-withdrawal

Please deduct my monthly gift from my checking account.

I have enclosed a voided check from my account.

**As a monthly contributor, I authorize Morgan Memorial Goodwill to make monthly deductions from my banking account. I can discontinue at any time by contacting Goodwill or the bank.

Please check the following: Yes, I agree

Please bill my monthly gift to:

VISA® MasterCard® AmEx® Discover®

Name as it appears on card _____

CC Number _____ Exp. Date (MMYY) _____

Security Code _____

Signature _____

For more information contact:

E-mail: giving@goodwillmass.org

Phone: 617-541-1259