



Thank you for supporting Marbridge with your financial gift!

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

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Please add my gift indicated below to Marbridge's effort to provide individualized care, education and training to adults with various cognitive challenges.

PAYMENT METHOD:

- My check is enclosed
- A partial donation for \$_____ is enclosed
- Stock transfer—please call me for information
- Credit card Visa MC

Acct.# _____

Exp. date _____

Signature _____



- I wish to volunteer—Please call me about opportunities
- I am pleased to offer the gift of prayer



THANK YOU FOR YOUR GENEROUS SUPPORT!

Please mail this form to:
Development Director • Marbridge • P.O. Box 2250 • Manchaca, TX 78652