

My Gift

___\$50 ___\$100 ___\$500 ___\$1,000 Other \$_____

Please make your check payable to Maple Leaf Farm.

Please charge my Visa/MasterCard: \$ _____

Card #: _____ Exp. _____

Signature: _____

Does your employer have a Matching Gift Program? Be sure to include form.

Memorial Gift in the name of: _____.

My Information

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone _____

Contributions are deductible to the extent of the law.

Maple Leaf Farm is a 501c(3) non-profit organization.

Thank You

 *Maple Leaf Farm*

*10 Maple Leaf Road
Underhill Vermont 05489
www.mapleleaf.org*

802-899-2911

