



Mariposa Fund

2600 Sumner Blvd, #130
Raleigh, NC 27616
919-855-9811

PAYMENT INFORMATION

One Time Gift of \$ _____

Recurring Monthly Gift of

\$10 \$25 \$50 \$100 Other \$ _____

Account Type

Cash/Check Credit Card (please use form on right)

Online Gift www.cemcs.org/annual-fund/

Matching Gifts Yes! My company will match my gift.

Employer Name: _____

Type of Card: Visa MC AM/EX

Name on card: _____

Billing Address: _____

City/State/Zip: _____

Card Number: _____

Card Security Code: _____ **Exp. Date:** _____

Signature: _____

Email: _____

Phone: _____