

Contribution Form

Yes, I would like to contribute to the Miracle League of Montgomery County with the enclosed contribution of \$_____ payable to The Miracle League of Montgomery County, Maryland, Inc.

Name: _____

Firm (if applicable): _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

I wish to help in other ways. Please contact me.

Please return this form and your check made payable to:

The Miracle League of Montgomery County, Maryland
PO Box 341712
Bethesda, MD 20827

The Miracle League of Montgomery County, Maryland is a 501(c)(3) organization.

Thank You