



# Greater Marlboro Programs, Inc.

*To promote the personal growth, dignity and acceptance of people with developmental disabilities in the Metro-West area.*

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_ form enclosed \_\_\_ form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

**Greater Marlboro Programs, Inc.**  
**40 Mechanic Street**  
**Marlborough, MA 01752**

*GMPI depends on the contributions of individuals and corporations in the community to sustain its mission. We welcome donations, endowments, bequests and grants.*