

# DONATION FORM-MAE'S PLAYGROUND



## Donor Information

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NAME OF INDIVIDUAL (FIRST/LAST)

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NAME OF COMPANY (if applicable)

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STREET ADDRESS

CITY, STATE, ZIP

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EMAIL

PHONE

## Donation Description

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AMOUNT

DATE

*Please check one:*

- ☐ CASH  
☐ CHECK (Made out to "XXXXXX" With "Mae's Playground" in memo line)  
☐ CREDIT CARD

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Name on the Card

Card Number

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Expiration Date

CVV (number on back of the Card)

## Anonymous Donation

- ☐ Please keep my donation anonymous.

**Please mail/return this form along with your cash or check to:**

Greater Fall River Re-Creation  
Attn: Mae's Playground Fund  
45 Rock Steet  
Fall River, MA 02720

**No goods or services were provided in exchange for this contribution.**

Donations to municipalities are generally deductible under 26 USC 170(c)(1) if made exclusively for a public purpose.