



## OFFLINE MAIL-IN DONATION FORM

Kindly issue a check payable to Mary K. Yap Foundation. On your memo, please indicate what the donations are for by dedicating to your choice of program to allocate your charitable funds. Kindly also attach the printed copy of this form along with your check.

### DONOR INFORMATION

Donor Name (First Name and Last Name): \_\_\_\_\_

Organization Name (Fill this out only if you're making your donation on behalf of an organization): \_\_\_\_\_

### ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_ • Home • Mobile

By providing your email address and/or phone number, you will receive our monthly newsletter and updates, as well as other ways to get involved with the Mary K Yap Foundation. You may unsubscribe at any time.

### OR Become MF Champion!

Your monthly gift can make a meaningful difference.

- YES! Please bill my credit/debit card in the amount of \$\_\_\_\_ per month.
- YES! I would like to make a monthly gift in the amount of \$\_\_\_\_ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling +1 415-991-2030

### PAYMENT OPTIONS

One Time Gift Amount: \_\_\_\_\_

- I'm enclosing my check made payable to the Mary K Yap Foundation.
- Please charge my credit/debit card:
  - Visa  MasterCard  American Express  Discover

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### I WANT TO SUPPORT

Please designate your gift to one of the following (Check one):

- Where It Is Needed Most: Support all of the urgent humanitarian needs of the Mary K Yap Foundation.
- Disaster Relief: Help people affected by disasters big and small.
- Your Local Orphanage: Provide for local Orphanage programs and services in your community.
- Other\*(please specify): \_\_\_\_\_  
Please also indicate the name of the specific cause on the memo line of your check (for example: "Food Relief, Educational, Sustainable Gardening, Health Checks & Others").

\*If the Mary K Yap Foundation is not raising funds for the specific cause you have indicated and/or donations exceed Mary K Yap Foundation for that cause, your gift will be applied to Where It Is Needed Most.

Your questions and feedback are very important to us. Please feel free to contact us at [hello@marykypfoundation.org](mailto:hello@marykypfoundation.org) or call +1 415-991-2030. Thank you for your support.