

Please bring the signed form and your donation to:

Mount Carmel Guild
73 North Clinton Avenue
Trenton, NJ 08609

Date: _____

Donor Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number, including area code: _(_____)_____

E-mail: _____

Description of Gift/Donation:

Value of Donation*: \$_____ Estimated or ___Actual

*Include value in thank you receipt for tax purposes? ___Yes ___No

Donor's Signature: _____

Special reason donation is being made:

How did you learn about Mount Carmel Guild?

For more information, please contact:

Executive Director of Mount Carmel Guild
E-Mail: mtcarmelguild@aol.com
Phone: (609)-392-5159