



Printable Donation Form

MARR is committed to healing addicted lives; there is always hope; there is always something that can be done.

Name: _____ I prefer to make this donation anonymously.

Address: _____

Phone: _____ Email: _____

My employer is a Matching Gift employer! (Please attach the gift form)

Enclosed is my tax-deductible gift for:

\$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$Other _____

Check enclosed: (Payable to MARR, Inc.)

Please charge my: VISA MasterCard American Express

Card Number: _____ Exp Date: ____ Security Code: _____

Donor Signature: _____

Please use my gift for:

Where Most Needed Annual Fund Scholarship Fund

In honor of: _____

In memory of: _____

Please send a card acknowledging my gift to the honoree/family member listed below:

Name: _____

Address: _____

Mail to:
MARR, Inc.
P.O. Box 48349 Doraville, GA 30362
(800) 732-5430 x 5154

Remembering MARR in your will can be an important means of helping our organization sustain its mission of service to those affected by the disease of addiction. For more information on this and other planned giving options, visit www.marrinc.org, or call the Fund Development Office at 678-805-5154. Email: julie.shields@marrinc.org