

Contribution to The Masonic Home for Children at Oxford

Amount: \$ _____

Gift Type – (mark one)

General Gift _____ Designated Gift _____ Sponsorship _____ Gift-In-Kind _____

Pledged Gift _____ \$ _____ a _____ for _____ (weeks/months/years)

Memorial/Honor Gift _____ Person to be memorialized/honored _____

Address _____ City _____

State _____ Zip _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Method

Cash/Check _____

Credit Card _____ Type: Visa _____ MasterCard _____ No. _____

Expiration Date: ____/____/____ Signature (required): _____

Mail Donations and this form to:

**The Masonic Home for Children at Oxford
600 College Street
Oxford, North Carolina 27565**

For More Information Contact:

**The Masonic Home for Children at Oxford
(919)693-5111/1-888-505-4357
Visit www.mhc-oxford.org**

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