



**SOME**  
71 O Street, NW • Washington, DC 20001  
p. 202.797.8806  
www.some.org

So Others Might Eat

## Mail-in Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Memorial or Honor Name: \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_

Acknowledgement Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Dear Fr. John:

I want to feed the hungry and care for the homeless and poor in our Nation's Capital.

Enclosed is my contribution of:

- |                                  |                                |                                |
|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$100   | <input type="checkbox"/> \$50  | <input type="checkbox"/> \$25  |

**Other:** \$ \_\_\_\_\_

*Please make checks payable to:*

**SOME**  
**71 O Street, NW**  
**Washington, DC 20001**

— OR —

Please bill my credit card:

- Amex**       **Visa**       **Mastercard**       **Discover (Novus)**

Account No.: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Signature: \_\_\_\_\_

Please fill out this form, then print and mail to the address listed above.

**Thank You!**