

# The Midwife Foundation, Inc.

a 501(c)(3) non-profit organization

EIN: 13-6227462

**Tax-deductible donations to The Midwife Foundation, Inc. can be made using this form.**

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

Name(s): \_\_\_\_\_  
*As you prefer for official purposes.*

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to make a **One-Time Donation** of: \$ \_\_\_\_\_

I would like to make a **Total Donation Pledge** of \$ \_\_\_\_\_

**To be Paid:**    Yearly     Monthly     Other  \_\_\_\_\_

Cash

Check

Make Checks payable to:

“Midwife Foundation, Inc.”

Credit

Visa

MasterCard

American Express

Discover

Name on card: \_\_\_\_\_

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

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

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

Direct donation to the following Fund: \_\_\_\_\_

Donation In Honor of: \_\_\_\_\_

Donation In Memory of: \_\_\_\_\_

Check if you wish to remain an *anonymous* donor.

Check for *Midwifery Legacy Circle* for estate gifts, such as  
bequests, gift annuities or charitable remainder trusts.

**Please acknowledge my donation to:**

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

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

\_\_\_\_\_

Donations should be mailed,  
faxed, or emailed to:

*The Midwife Foundation, Inc.*  
125 Mount Auburn Street, #380272  
Cambridge, Massachusetts 02238-0272

Phone: (240) 485-1850

Fax: (617) 876-5822

[foundation@acnmf.org](mailto:foundation@acnmf.org)

Donate Online:

