



## Contribution Form

Yes, I would like to contribute to the Miracle League of Montgomery County with the enclosed contribution of \$\_\_\_\_\_ payable to:

The Miracle League of Montgomery County, Maryland, Inc.

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

Firm (if applicable): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I wish to help in other ways. Please contact me.

Please return this form and your check made payable to:

The Miracle League of Montgomery County, Maryland  
Attn: Robby Brewer  
7600 Wisconsin Ave., Ste. 700  
Bethesda, MD 20814

The Miracle League of Montgomery County, Maryland is a 501(c)(3) organization.

**Thank you for your support!**