



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!