

Name: _____

Address: _____

Email: _____

Phone: _____

I/We would like to pledge

\$25 \$50 \$100 \$200 Other _____

Weekly Monthly Yearly

Total amount of Pledge \$ _____

I/We would also like

to learn more information about Minerva Center Foundation

to volunteer professional services to this foundation

to know how my donation will be used

to know where to send donations

****Return only this piece****

**Please Tear This Side Off And
Retain For Your Records**

Commitment to Give:

Weekly Donation \$ _____

Monthly Donation \$ _____

Yearly Donation \$ _____

Minerva Center Foundation is a
non-profit, 501(c)(3) corporation.
All donations are tax deductible.

***Minerva Center
Foundation Vision
Statement***

*To create an environment of
excellence that enhances self-worth,
and promotes positive change that
leads to identifiable levels of success.*

Ways to contact the MCF

***Post Office Box 7293
Florence, South Carolina 29502***

***Email us @
minervacenterfoundation.com***

***Look us up on Facebook at Minerva
Center Foundation***