

MCSN Donation Form

() \$1,000 () \$500 () \$100 () \$50 () \$35 () Other _____

Please print legibly.

Name	
Organization/Affiliation	
Address	
Phone	
Fax	
e-mail	

Signature

Date

Make your check payable to the Maryland Charter School Network.

Return your completed form and signed check to:

Maryland Charter School Network
P.O.Box 1033
Baltimore, MD 21203-1033

Cut below and return this portion with your contribution.

Retain this portion for your records.

MCSN Donor

Amount _____

Check No. _____

Date _____

**Thank you for
supporting the charter
school movement in
Maryland.**

All contributions to MCSN are tax-deductible.