Markey Community Center
FURNISHINGS
FUNDRAISER

We will be moving into our new and improved Markey Community Center soon, and we need your help to furnish it!

Our old tables and chairs need to be replaced,
and we'd like to purchase 260 new chairs and 25 round tables that seat 10 people each.
The new tables and chairs can be folded up and put on rolling racks
and wheeled into a new storage room.

The cost of each chair and table (with racks) is $450 (table) and $55 (chair).

Would you be willing to cover the cost of a table or chair?

Any funds received over the amount needed will be used to purchase other new furnishings.

Donations can be made via cash, check, credit card, or stock.

Please fill out the form on the reverse of this sheet.

If you'd like to make an online gift you can go our website https://resurrection-aptos.org
click on Donate Now, then click on **Markey Center Furnishings Fundraiser**
be sure to indicate the quantity of table(s), chair(s)
and/or in honor or memory of a loved one.

MARKEY COMMUNITY CENTER FURNISINGS FUNDRAISER—DONOR INFORMATION (*Please print)*		
Last Name	First Name	Spouse
Address		Email
City, State Zip		Phone

I/We would like to purchase the following furnishings:

Chairs ($55 each): Quantity _____ x $55.00 = $_____

Tables ($450 each): Quantity _____ x $450.00 = $_____

Total Gift: $_____

❒ Cash/Check ❒ EFT ❒ Credit/Debit Card ❒ Please contact me. I'd like to give in another way (stock, etc.)

❒ I will make a secure online donation on the parish website
(https://resurrection-aptos.org, click "Donate Now", Choose "Markey Center Furnishings Fundraiser")

(Optional) I would like this gift to be made

In memory of _____

In honor of _____

CREDIT/DEBIT CARD: Please charge my contribution to my (circle):
Visa Mastercard Discover AMEX

Expires | | |

Name on Card: _____

CHECKING/SAVINGS (ELECTRONIC FUND TRANSFER—EFT):
Please debit my contribution from (check one):

❒ Savings Account (contact your financial institution for Routing #)
❒ Checking Account (enclose a voided check)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____

Signature Required : _____ **Date:** _____

Office Use Only: ID # Check# CC/EFT Process TY PDS