



MARYLAND  
**PARENTS**  
ASSOCIATION

## PARENTS AS PARTNERS

The Parent Advisory Council and the Division of Student Affairs request a one time gift to the Parents Association Initiatives Fund. Contributions to the Initiatives Fund help sustain programs sponsored by the Office of Parent and Family Affairs and support issues such as alcohol education, health and wellness programs, Career Center outreach, weekend programming, and student awards.

Although membership in the Parents Association is free and open to all University of Maryland families, your **tax deductible** contribution to this fund allows your Association to continue efforts aimed at improving the quality of your student's education.

All gifts are recognized with an individual receipt or letter. And, contributions made at the Partner in Stewardship level and above will receive a Maryland Parents Association embroidered fleece blanket as a token of our appreciation.

Thank you for your consideration!

I/We would like to make a gift at the following PARENTS AS PARTNERS level:

- |                                                               |                                                                        |
|---------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Partner in Friendship:</b> \$25   | <input type="checkbox"/> <b>Partner in Leadership:</b> \$500           |
| <input type="checkbox"/> <b>Partner in Stewardship:</b> \$100 | <input type="checkbox"/> <b>Partner in Excellence:</b> \$1000 and over |
| <input type="checkbox"/> <b>Partner in Advocacy:</b> \$250    | <input type="checkbox"/> <b>Other Amount:</b> _____                    |

**Donor name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check Payment Option:** I have enclosed my check, made payable to the University of Maryland College Park Foundation, Inc.

**Credit Card Payment Option:**  Visa  MasterCard  American Express  Discover

Amount: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail your completed form along with payment to:

Maryland Parents Association  
Office of Parent and Family Affairs  
2108 Mitchell Building  
College Park, Maryland 20742

*Gifts in support of the Parents Association Initiatives Fund are managed by the University of Maryland College Park Foundation.*