☐

Make a contribution to the **Freedom to Marry Coalition** in honor of a family member or friend's wedding or engagement and we'll send them a card acknowledging the contribution.

Wedding Couple's Information: Please PRINT

Person One - Full Name: _____

Person Two - Full Name: _____

Address: _____
Street City/State Zip Code

Event Date (mm/dd/yy): _____

Donor Information:

Full Name: _____

Address: _____
Street City/State Zip Code

Email: _____ **Phone number:** _____

Please make a check payable to **The Freedom to Marry Coalition** or write your credit card information below:

Name of Primary Card Holder: _____

Type of card: **o Visa** **o Master Card**

Credit card number: _____

Expiration date (mm/yy): _____ **Amount to be donated:** _____

Signature of Card Holder: _____

equal marriage.org
The Freedom to Marry Coalition of Massachusetts

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