



ENROLLMENT FORM

I WILL GIVE:

\$100 per month (includes membership in our Red Door Society)

\$75 per month

\$50 per month

\$35 per month

\$15 per month

Other Amount: _____

Name: _____ (As you would like it to appear on print materials)

Month to Start: _____

Email Address: _____

Billing/Mailing Address: _____

City: _____ State: _____ Zip: _____

Please charge my: _Visa _Mastercard _Discover _AMEX

Number: _____

Name on Card: _____ Expiration: _____ CVV: _____

I would like to give using EFT (Electronic Funds Transfer) – Please send me the application form.
(NOTE: This EFT process is the most cost-efficient for Gilda's Club!)

I would like to mail a check monthly. Please send me 12 donation envelopes. (Make checks payable to Gilda's Club Grand Rapids and include Gilda's Givers in memo line).

My Company will Match my Gift: _____
(Name of Company)

Notes: _____
