



DONATION FORM

Please return completed form to Gilda's Club Grand Rapids,
1806 Bridge St. NW, Grand Rapids, MI 49504

DONOR INFORMATION

First Name

Last Name

Street Address

City, State, Zip

Email

Primary Phone

Please display my name as: As listed above Please keep my gift anonymous Other _____

DONATION INFORMATION

I would like to make a one-time donation in the amount of

\$1,000 \$500 \$250 \$120 \$60 \$35 Other Amount - \$ _____

I would like to make a reoccurring gift! I pledge a total of \$ _____ to be paid over _____ years on a

Monthly Basis Quarterly Basis Annual Basis

I would like to make a planned gift to Gilda's Club. Please contact me.

My company will match my gift. Please contact me for details..

DESIGNATION OPTIONS Please fill out if applicable to your donation

This gift is in memory of _____ This gift is in honor of _____

Please send an acknowledgment letter of my gift to the following family member/friend:

First Name

Last Name

Street Address

City, State, Zip

Phone

PAYMENT INFORMATION

Check enclosed payable to **Gilda's Club Grand Rapids**

Please charge my credit card (circle one): Mastercard Visa Discover AMEX

Credit Card Number

Expiration Date

CVV Code

Card Holder Name

Signature

THANK YOU SO MUCH FOR CONSIDERING GILDA'S CLUB FOR YOUR DONATION!

For more information, please call us at 616.453.8300 and select option 4 or e-mail us at donations@gildasclubgr.org