



# DONATION FORM

## 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 - \$

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

## DESIGNATION OPTIONS Please fill out if applicable to your donation so we make sure to credit the right West Side Walk participant

Participants Information (donation on behalf of)

Team Name

## 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](mailto:donations@gildasclubgr.org)

Please return completed form to

**Gilda's Club Grand Rapids  
ATTN: West Side Walk  
1806 Bridge St. NW  
Grand Rapids, MI 49504**