



**GILDA'S
CLUB
GRAND
RAPIDS**

An Affiliate of the
CANCER SUPPORT COMMUNITY

DONATION FORM

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

DONOR INFORMATION

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip
<input type="text"/>	<input type="text"/>
Email	Primary Phone
Please display my name as: <input type="checkbox"/> As listed above <input type="checkbox"/> Please keep my gift anonymous <input type="checkbox"/> Other <input type="text"/>	

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:

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	
Street Address	
<input type="text"/>	<input type="text"/>
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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Number	Expiration Date	CVV Code
<input type="text"/>	<input type="text"/>	
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