



**GILDA'S  
CLUB  
GRAND  
RAPIDS**

An Affiliate of the  
**CANCER SUPPORT COMMUNITY**

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