Contact Information		
Name		
Spouse/Partner Name		
Address		air
City, State, Zip		inc
Phone	□HOME □CELL	
Email		
Employer Information		
Your Employer S	Spouse/Partner Employer	
Name N	Name	
Address A	Address	
Phone F	Phone	
Email F	Email	
☐ My employer will match this gift. ☐ I	My spouse/partner's employer will match this gift.	
Please enclose matching gift form or contact your H		
Gift Information-one time gift or monthly gif		
□ One time gift of \$	□ Monthly gift of \$	
 I am enclosing a check payable to Girls Inc. 	• Please charge the amount above to my	
 Please charge the amount above to my credit card 	credit card every month	
	Card NumberSecurity Code	
Card Number	Expiration Date	
Security Code Expiration Date	○ Visa○ American Express○ MasterCard○ Discover	
VisaAmerican Express	○ Master Card ○ Discover	
○ MasterCard ○ Discover		
☐ This gift is in honor/memory of: Please acknowledge (name & address)		
☐ I would like more information on planned giving remainder interest in property, bequests and oth		

□Yes, I want to inspire girls to be **strong**, **smart**, **and bold**SM by making a gift today!

Thank You!

Phone: 317-392-1190

Email: info@girlsincshelbycounty.org