

Girls Incorporated® of Alameda County
Donation Form

Your Information

First Name: _____ Last Name: _____

Address: _____

City, State _____ Zip _____

Phone: _____

Cell: _____

Email: _____

Gift Information

Donation Amount: \$1,000 \$500 \$100 \$50 other _____

This donation is on behalf of: in honor of: in memory of:

Frequency:

I want to make a one-time donation.

I want to make a recurring donation every: month. three months. year.

Payment Information

Check enclosed

Credit Card (please see below)

Name on card: _____

Credit card type: _____

Credit card number: _____

Card Security Code: _____

Expiration: _____



Girls Incorporated®
of Alameda County

Inspiring all girls to be
strong, smart, and bold™

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