



*A free, nonprofit support community
for anyone touched by cancer.*

Donation/Pledge

One Time Gift

I/We would like to donate to Gilda's Club Twin Cities:

Check enclosed. Charge my credit card number.

Please circle: \$1,000 \$500 \$250 \$100 \$50

Other \$ _____

Pledge

I/We pledge to Gilda's Club Twin Cities, the amount of:

\$ _____ payable over a period of _____ years,
with an initial pledge payment of \$ _____ to be paid
by _____ (dd/mm/yyyy) and subsequent payments of
\$ _____ scheduled as follows:

Monthly Quarterly Semi-annually Annually

Commencing: _____ (dd/mm/yyyy)

This pledge represents a commitment for the period of years, in
the annual amount indicated above. I/We wish to make payment:

Check enclosed for first payment.

Please charge my credit card for the first payment.

Please charge my credit card according to the above schedule
starting _____ and ending _____

Pledge reminder statements will be sent for designated periods.

Tributes

I/We would like this gift to be given anonymously.

Name(s) as you wish it to appear on donor recognition:
(print) _____

I/We would like to make this gift:
in honor of _____
in memory of _____

Please send notification of this gift to:

Address: _____

City: _____

State: _____ ZIP: _____

Matching Gifts

My company has a matching gift program.

Company name: _____

Contact: _____

Contact phone: _____

Please contact me to discuss an endowment gift, planned
gift, gift of securities, etc.

Donations are considered unrestricted unless otherwise stated.

Credit Card Information

I authorize Gilda's Club Twin Cities to charge my credit card for the gift indicated above.

Credit card number: _____ 3-digit security code number: _____

Expiration: _____ Visa Mastercard

Name (print name as it appears on card): _____

Signature (required for credit card donation): _____

Billing street address (check if address is same as below): _____

City: _____ State: _____ ZIP: _____

Donor Information

Name(s): _____ Company: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Phone: Home (_____) _____ Office (_____) _____ Cell (_____) _____

E-mail: _____ Please do not add me to your email/mailling list.

Donor signature: _____ Date: _____