



*A 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:

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

Other \$ \_\_\_\_\_

Check enclosed.     Charge my credit card number.

## 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

Gilda's Club Twin Cities may charge my credit card for the gift indicated above.     AmEx     Discover     Mastercard     Visa

Credit card number: \_\_\_\_\_ 3-digit security code number: \_\_\_\_\_

Expiration: \_\_\_\_\_ 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: \_\_\_\_\_

10560 Wayzata Blvd  
Minnetonka MN 55305  
612-227-2147  
www.GildasClubTwinCities.org

Gilda's Club Twin Cities is a 501(c)(3) organization. Your donation is tax-exempt  
according to IRS regulations. Charitable registration number 20-4265823