



Donation Form

Please circle: Mr., Mrs., Dr., Mr. and Mrs., Dr. and Mrs., Dr. and Mr., Dr. and Dr., Ms., Miss Other: _____

Contact Name: _____

Company Name : _____

Street Address: _____

City/State/ Zip: _____

Telephone: _____

Email: _____

I would like to donate: \$ _____ Check Enclosed (Please make check payable to Girl Scouts of Southeastern Michigan)

Please charge my credit card: VISA MasterCard American Express Discover

Credit Card Number _____ Expiration _____ Security Code _____

Name as it appears on credit card: _____

First Name Middle Name Last Name

Signature _____ Date _____

Does your employer match gifts? (Please mail the matching gift form to the address below.) Yes No Gift will be matched by: _____ Name of Company

This gift is made: In Honor of In Memory of

First Name Middle Name Last Name

In Honor of Occasion: _____

Please notify the following individual or family of this gift:

Please circle: Mr., Mrs., Dr., Mr. and Mrs., Dr. and Mrs., Dr. and Mr., Dr. and Dr., Ms., Miss, Other: _____

First Name Middle Name Last Name

Street Address City State Zip

I have included the Girl Scouts of Southeastern Michigan in my will.

Please mail this form to: Girl Scouts of Southeastern Michigan
Fund Development • 3011 West Grand Blvd., 500 Fisher Building • Detroit, MI 48202
OR fax this form to: (313) 870-2600 • **Questions, please call:** (313) 870-2562