□Yes, I want to inspire girls to be <b>strong, smart, and bold<sup>SM</sup></b> by making a gift today!	
Contact Information	
Name	
Spouse/Partner Name	
Address	air
City, State, Zip	
Phone	
Email	
Employer Information	
Your Employer S	Spouse/Partner Employer
Name N	Name
Address A	Address
Phone F	Phone
EmailE	Email
$\square$ My employer will match this gift. $\square$ I	My spouse/partner's employer will match this gift.
Please enclose matching gift form or contact your Human Resources office for more information.  Cift Information, one time gift or monthly gift	
Gift Information-one time gift <b>or</b> monthly gif  ☐ One time gift of \$	
• I am enclosing a check payable to Girls	
Inc.	<ul> <li>Please charge the amount above to my credit card every month</li> </ul>
<ul> <li>Please charge the amount above to my credit card</li> </ul>	Card Number
Card Number	Security Code
Security Code	Expiration Date   O Visa  O American Express
Expiration Date  O Visa  O American Express	○ MasterCard ○ Discover
○ MasterCard ○ Discover	
☐ This gift is in honor/memory of:	
Please acknowledge (name & address)	
□ I would like more information on planned giving options, including gifts of retirement plans,	
remainder interest in property, bequests and others.	

Thank You!

Phone: (317) 736-5344