

DONATION AND PLEDGE FORM

I would like to support Girl Scouts of Northern Indiana-Michiana by making a voluntary financial donation as indicated below.

Personal Information:

Name:		Date:
Mailing Address:		
		ZIP:
Phone:		
Email:		_ ☐ I was once a Girl Scout, as a child or adult.
Three Gift Options:		
☐ One-Time Gift of ☐ \$25 ☐ \$50 ☐	□\$100 □\$50	00 🗆 \$1,000 🗆 Other \$
☐ Total Annual Gift of: \$ B	ill as (circle one)	Monthly Quarterly Annual Installment(s)
•		following amount per year for the next five years 5 years \$\subset\$\$ \$\sup\$\$ \$\sup\$\$\$ \$\sup\$\$\$\$ \$\sup\$\$\$\$ \$\sup\$\$\$\$ \$\sup\$\$\$\$ \$\sup\$\$\$ \$\sup\$\$\$\$ \$\sup\$\$\$\$\$\$\$ \$\sup\$\$\$\$\$\$\$\$\$\$\$\$ \$\sup\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
I would like to be reminded of my plea	dge (circle one):	Monthly Quarterly Every 6 months
Please inclu	de first payme	nt with this form.
Gift is: ☐ In memory of ☐ In hono	r of	
Name of person being recognized:		Occasion:
Please send acknowledgment to:		
Name:		
Address:		
		ZIP:
Payment Options:		
\square Enclosed is my check payable to G	irl Scouts of N	orthern Indiana-Michiana (GSNI-M).
☐ Please charge donation to my: ☐\	/isa □ Maste	Card □Discover □ PayPal
Name as it appears on card: Card #:		Exp. Date:/
Signature:		CVV/CVC

Please send your completed form and payment to:

Girl Scouts of Northern Indiana-Michiana

10008 Dupont Circle Dr. East• Fort Wayne, IN 46825
If you would like to make your donation online please visit www.gsnim.org

Thank you for your support!