

☐ Yes, I want to inspire girls to be **strong, smart, and bold** by making a gift today!

Contact Information

Name _____

Spouse/Partner Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Employer Information

Your Employer

Name _____

Address _____

Phone _____

Email _____

☐ My employer will match this gift.

Spouse/Partner Employer

Name _____

Address _____

Phone _____

Email _____

☐ My spouse/partner's employer will match this gift.

Please enclose matching gift form or contact your Human Resources office for more information.

Gift Information

☐ One time gift of \$ _____

- ☐ I am enclosing a check payable to GirlsInc. of New Hampshire
- ☐ Please charge the amount above to my credit card

Card Number _____

Security Code _____ Exp Date _____

Signature _____

☐ Monthly gift of \$ _____

Please charge the amount above to my credit card every month

Card Number _____

Security Code _____ Exp Date _____

Signature _____

☐ This gift is in honor/memory of _____

Please acknowledge (include 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!

Girls Inc. of New Hampshire
1711 South Willow Street Suite 5, Manchester NH 03103
Phone 603-606-1705 · Fax 603-882-7754
www.girlsincnewhampshire.org

