



**BOYS & GIRLS CLUBS
OF HALL COUNTY**

**Make A Gift
Donation Form**

Please accept my/our gift of \$ _____ to support Boys & Girls Clubs of Hall County.

Name (please print) _____ Employer _____

Address _____ Employer address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

- My company has a matching gift program. I will initiate the process to increase my gift.
- I/My partner is a Boys & Girls Club Alumnus. Club Name _____ Yrs Attended _____

This is a: **Personal Gift:** _____
Name(s) as you would like listed on all printed materials

Please note this as an anonymous gift.

Tribute Gift: Please recognize this gift in honor/memory of: _____

Please notify: Name _____

Address _____

City, ST, Zip _____

Form of Payment

My check is enclosed and payable to Boys & Girls Clubs of Hall County

Please charge my: Visa MasterCard _____
Card Number _____ Exp. Date _____

Signature _____

I would like to make a recurring gift. Please bill me as follows:

Amount _____ **Frequency** _____ **Duration** _____
\$ _____ **monthly** for _____ **months**

All gifts are tax deductible as provided by the law.

Please mail or fax your Contribution to: **P. O. Box 691
Gainesville, GA 30503
Fax: 770-532-7094**

**Questions: Please call 770-532-8201
Thank you for your support!**