ontact Information	
Name	
pouse/Partner Name	
Address	
City, State, Zip	
Phone	
Email	
mployer Information	
our Employer	Spouse/Partner Employer
Name	Name
Address	Address
hone	Phone
Email	Email
☐ My employer will match this gift.	☐ My spouse/partner's employer will match this gift.
Please enclose matching gift form or contact you	
ift Information-one time gift <b>or</b> monthly g	
One time gift of \$	
<ul> <li>I am enclosing a check payable to Girls Inc.</li> </ul>	credit card every month
<ul> <li>Please charge the amount above to my credit card</li> </ul>	Card Number
Card Number	_ Security Code
ecurity Code	Expiration Date  O Visa  O American Express  O MasterCard  O Discover

## Thank You!



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