

CONTRIBUTION TO MISSOURI GIRLS TOWN

- Use this form every time contributions are sent to Missouri Girls Town
- Make copies if more are needed and retain a copy of these forms for your record
- Checks should be made payable to Missouri Girls Town, Inc.
- Mail this form and check to Missouri Girls Town, P.O. Box 59, Kingdom City, MO 65252-0059

Date:

Type of Donation: <input type="checkbox"/> Club <input type="checkbox"/> Send Acknowledgement		<input type="checkbox"/> Individual <input type="checkbox"/> Send Acknowledgement	
Club Name		Individual Name	
Town	District	Address	
President		City	State Zip
Club Mailing Address (Include City, State, Zip)		Member of GFWC <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Give Credit to Club <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Club Name _____	
CAMPAIGN DONATION INFORMATION		Total Donation Amount: \$ _____	
<input type="radio"/> Penny A Day {# of members () x \$3.65		\$ _____	
<input type="radio"/> Additional Penny A Day		\$ _____	
<input type="radio"/> Nickel A Day		\$ _____	
<input type="radio"/> General Fund		\$ _____	
<input type="radio"/> Capital Improvement Fund & Maintenance Fund		\$ _____	
<input type="radio"/> Endowment Fund		\$ _____	
<input type="radio"/> Education Fund		\$ _____	
<input type="radio"/> Christmas Appeal		\$ _____	
<input type="radio"/> Other Campaign (specify) _____		\$ _____	
GOODS IN KIND/GIFTS FOR GIRLS (non-cash contributions listed on reverse side)		Estimated Value \$ _____	
Memorial/Honorarium/Tribute Information			
<input type="checkbox"/> Memorial <input type="checkbox"/> Honorarium <input type="checkbox"/> Mother's Day <input type="checkbox"/> Birthday <input type="checkbox"/> Anniversary <input type="checkbox"/> Speaker <input type="checkbox"/> Other _____			
Tribute in Honor of: _____		Total Donation Amount: \$ _____	
Send Acknowledgement To Donor? YES/NO		Send Acknowledgement to Family/Recipient? YES/NO	
Family/Recipient Name: _____			
Family/Recipient Mailing Address (include City, State, Zip) _____			

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