

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 65262-0059 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 (circle one)	Yes No
		Give Credit to Club (circle one)	Yes No
		Club Name _____	
CAMPAIGN DONATION INFORMATION		Total Donation Amount: \$ _____	
<input type="checkbox"/> Penny A Day # of members () x \$3.65		\$ _____	
<input type="checkbox"/> Additional Penny A Day		\$ _____	
<input type="checkbox"/> Nickel A Day		\$ _____	
<input type="checkbox"/> General Fund		\$ _____	
<input type="checkbox"/> Capital Improvement and Maintenance Fund		\$ _____	
<input type="checkbox"/> Endowment Fund		\$ _____	
<input type="checkbox"/> Education Fund		\$ _____	
<input type="checkbox"/> Christmas Appeal		\$ _____	
<input type="checkbox"/> Other Campaign (specify) _____		\$ _____	
GOODS IN KIND/GIFTS FOR GIRLS (non-cash contributions listed on reverse side)		Estimated Value \$ _____	
Memorial/Honorarium/Tribute Information/Reading Awards Program (Please circle one.)			
Memorial	Honorarium	Mother's Day	Birthday
		Anniversary	Speaker
		RAP	
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) _____			
