

I want to make a gift to Greeley Center for Independence, Inc.

Donor Information

Mr. Mrs. Ms. Miss Dr. Other: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Gift Information

I wish to make a gift of \$ _____ Check Enclosed Credit Card (see below)

Credit Card Information:

Visa Master Card American Express Other: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Please direct my gift to:

Please credit my donation towards the following project:

- | | |
|---|--|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Hope Therapy Center |
| <input type="checkbox"/> Camelot Apartments | <input type="checkbox"/> Hope Apartments |
| <input type="checkbox"/> Stephens Residence | <input type="checkbox"/> Specialized Adult Day Program |

My gift is a Tribute:

In Memory of: _____

In Honor of: _____

Please send notice of my tribute gift to:

Name: _____ Relationship: _____

Address: _____ City, _____ State, _____ Zip: _____