□Yes, I want to inspire girls to be <b>strong</b> , <b>smart</b> , <b>and bold</b> <sup>SM</sup> by making a gift today!	
Contact Information	
Name	
Spouse/Partner Name	
Address	airl
City, State, Zip	
Phone	□HOME □CELL
Email	
Employer Information	
Your Employer S	pouse/Partner Employer
Name N	lame
Address A	Address
PhoneP	Phone
EmailE	Smail
	My spouse/partner's employer will match this gift.
Please enclose matching gift form or contact your Human Resources office for more information.  Cift Information one time gift or monthly gift	
Gift Information-one time gift <b>or</b> monthly gif  ☐ One time gift of \$	
• I am enclosing a check payable to Girls	
Inc.	<ul> <li>Please charge the amount above to my credit card every month</li> </ul>
<ul> <li>Please charge the amount above to my credit card</li> </ul>	Card Number
Card Number	Security Code
Security Code	Expiration Date   O Visa  O American Express
Expiration Date	○ MasterCard ○ Discover
<ul><li>○ Visa</li><li>○ American Express</li><li>○ MasterCard</li><li>○ Discover</li></ul>	
☐ This gift is in honor/memory of:	
Please acknowledge (name & address)	
□ I would like more information on planned giving options, including gifts of retirement plans,	
remainder interest in property, bequests and others.	
Thank You!	

Girls Inc. of Monroe County 1108 W 8th St. Bloomington, IN 47404

812-336-7313 gimc@girlsinc-monroe.org