

Juliette Gordon Low Birthplace Circle of Friends Contribution Form



Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I/We wish to join the Juliette Gordon Low Birthplace Circle of Friends as a:

_____ Platinum Member with a gift of \$_____ (minimum \$1,000)

_____ Gold Member with a gift of \$_____ (minimum \$500)

_____ Silver Member with a gift of \$_____ (minimum \$250)

_____ Green Member with a gift of \$_____ (minimum \$50)

My/our gift to GSUSA will be paid as follows:

With the enclosed: Check (payable to Girl Scouts of the USA) Credit Card (enter information below)

Visa
 MasterCard
 Discover
 American Express

Card#: _____ Exp/ date: _____

With a gift of securities (Contact Barbara Garber at 212-852-8012 to discuss transfer details)

In the following installments to be paid in full by (add date):

Regular Schedule	Modified Schedule	My/our contribution is eligible for a matching gift:
Monthly Beginning on _____	1st payment of \$_____ On or before _____	<input type="checkbox"/> Form Enclosed <input type="checkbox"/> I will send form separately
Quarterly beginning on _____	2nd payment of \$_____ On or before _____	
Semi-Annually beginning on _____	3rd payment of \$_____ On or before _____	
Annual beginning on _____	4th payment of \$_____ On or before _____	

My gift is in honor of _____ or in memory of _____
 Honorees (or their families) will receive a notification of your gift.

Notify: _____
 (Name as you would like it to appear)

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Upon completion, mail this form to:
 Girl Scouts of the USA
 Fund Development
 P.O. Box 5046
 New York, NY 10087-5046