



## YES! I would like to help change lives.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

(By providing your email address you are opting in to receive email newsletters)

## I would like to make a gift of:

\$1,000  \$500  \$250  \$100  \$50  \$25  Other \_\_\_\_\_

## Payment options

One-time gift  Monthly gift

My personal check is enclosed

Charge this gift to (check one):  Visa  MasterCard  AmEx  Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_

CW\* \_\_\_\_\_ Signature \_\_\_\_\_

## Gift designation

I would like to designate my gift to:

The area of greatest need or  \_\_\_\_\_ program

## Tribute

This gift is:  in memory of or  in honor of \_\_\_\_\_

Person(s) to be notified of gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Mail form to: Goodwill-Easter Seals Foundation, NW 5798, PO Box 1450, Minneapolis, MN 55485-5798**