



Girl Scouts of Southeastern Michigan
Council Donation Form

Contact Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I would like to donate: \$ _____ Check Enclosed (payable to Girl Scouts of Southeastern Michigan)

Please charge my credit card: VISA MasterCard American Express Discover

Credit Card Number: _____ Expiration: _____ Security Code: _____

Name as it appears on card: _____

Signature: _____ Date: _____

Does your employer match gifts? YES NO (If yes, please mail the matching gift form to the address below.)

Gift will be matched by (Company Name): _____

This gift is made: In Honor of In Memory of

Print Full Name: _____

In Honor of Occasion: _____

Please notify the following individual or family of this gift:

Print Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I have included the Girl Scouts of Southeastern Michigan in my will.

Please mail this form to: Girl Scouts of Southeastern Michigan
Fund Development • 1333 Brewery Park Blvd., Suite 500 • Detroit, MI 48207
OR fax this form to: (313) 870-2600 • **Questions, please call:** (313) 870-2562