



An Affiliate of the
CANCER SUPPORT COMMUNITY

DONATION FORM

Date: _____

Name: (Please Circle) Mr./Mrs./Ms. _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Donation Information:

Please accept my one-time gift of \$ _____

Please accept my gift of \$ _____ to be paid monthly quarterly semi-annual,
beginning on _____ as a recurring gift.

I understand that this charge will continue until I notify Gilda's Club South Florida. Gilda's Club will contact me if updated information is needed.

Become a Red Door Society member:

Members receive recognition on our donor wall, Gilda's Club website and annual report

Visionary (\$1,000 - \$4,999) \$ _____

Champion (\$5,000 - \$9,999) \$ _____

Benefactor (\$10,000+) \$ _____

Payment Options:

Cash Check Credit Card (Visa/Master Card/American Express/Discover)

Credit Card Number: _____

Exp. date: _____ CVV: _____

Signature: _____

I want 100% of my donation to go to GCSF, please cover my credit card fees.

Please make checks payable to Gilda's Club South Florida and mail to 4850 W Prospect Road, Fort Lauderdale, FL 33309.

My gift is: in Honor of in Memory of _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____