



Girls Inc. of Bay County  
Donation Form



Donor Name \_\_\_\_\_

Donor Address \_\_\_\_\_

Donor Email/Phone \_\_\_\_\_

I would like to receive regular updates on Girls Inc. activities and events via email

Donation Amount: \$ \_\_\_\_\_ Make checks payable to Girls Inc. of Bay County.

Pay by Visa/Master Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Cardholder Signature \_\_\_\_\_

Please invoice me \$ \_\_\_\_\_ every (month, quarter) starting on \_\_\_\_\_

Please contact me. I would like to learn more about becoming a corporate sponsor

I would like to be included in the National Champions for Girls recognition program (\$1000 donation minimum)