□Yes, I want to inspire girls to be strong, smart, and bold SM by making a gift today!	
Contact Information	
Name	
Spouse/Partner Name	
Address	
City, State, Zip	
Phone	
Email	
Employer Information	
Your Employer S	Spouse/Partner Employer
NameN	Name
Address A	Address
PhoneP	Phone
EmailE	Email
☐ My employer will match this gift. ☐ I	My spouse/partner's employer will match this gift.
Please enclose matching gift form or contact your Human Resources office for more information.	
Gift Information-one time gift or monthly gif	
□ One time gift of \$	
 I am enclosing a check payable to Girls Inc. 	 Please charge the amount above to my credit card every month
 Please charge the amount above to my credit card 	Card Number
Card Number	Security Code
Security Code	Expiration Date
Expiration Date	○ Visa○ American Express○ MasterCard○ Discover
○ Visa○ American Express○ MasterCard○ Discover	
□ This gift is in honor/memory of:	
Please acknowledge (include name & address)	
□ I would like more information on planned giving options, including gifts of retirement plans,	
remainder interest in property, bequests and others. Thank You!	

Girls Inc. 120 Wall St. New York, NY 10005-3902 Phone: (212) 509-2000 ext. 239

Fax: (212) 509-8708 gifts@girlsinc.org