



Girl Scouts®



*I want to help build girls of courage, confidence and character,
who make the world a better place!*

NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

SERVICE UNIT: _____ **TROOP NUMBER:** _____

Please enroll me in the monthly giving program!

Please charge my monthly gift to my credit card (*Minimum \$5 per month*).

\$50 \$25 \$15 \$10 Other _____
(Credit cards will be charged on or about the 15th of each month.)

until further notice until _____.
(date)

Visa MasterCard American Express Discover

*You may change or suspend your monthly gift at any time by contacting Brenda Bloomer
(404) 527-7530 • bbloomer@girlscoutsofgreateratlanta.org*

Name: _____
(As it appears on your credit card)

Credit card number: _____

Expiration date: _____

Signature: _____

Phone: _____

E-mail: _____

I am unable to participate in the monthly giving program at this time.

I would like to make a one time donation.

Please charge my donation of _____ to my credit card.

I have enclosed a check in the amount of \$ _____.
(Please make checks payable to the Girl Scouts of Greater Atlanta)

Mail to: Girl Scouts of Greater Atlanta, Inc.
Attn: Fund Development
1577 Northeast Expressway
Atlanta, GA 30329
(404) 527-7530
www.girlscoutsofgreateratlanta.org

2010 - 4010