□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
Name N	Name
Address A	Address
Phone F	Phone
Email E	Email
□ My employer will match this gift. □	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 \$	□ Monthly 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 O Visa O American Express O MasterCard O Discover
 Expiration Date Visa American Express MasterCard Discover 	
This gift is in honor/memory of: Please acknowledge (name & address)	

□ I would like more information on planned giving options, including gifts of retirement plans, remainder interest in property, bequests and others.



Girls Inc. of Omaha 2811 North 45th Street Omaha, Nebraska 68104

Phone: (402) 457-4676 info@girlsincomaha.org