

A Gift to Girls Incorporated of the Island City

In Memory of (name in full) _____

In Honor of (name in full) _____

Send remembrance card to

Name _____

Street _____

City _____ State _____ Zip Code _____

From (Name of Donor) _____

Street _____

City _____ State _____ Zip Code _____

Amount of check enclosed: \$ _____ (Please make your tax-deductible check payable to Girls Incorporated of the Island City and mail to 1724 Santa Clara Ave., Alameda, CA 94501)

Or

I would like to make a donation of \$ _____ to Girls Inc. using a credit card:

American Express

VISA

MasterCard

Card # _____ exp: _____

Signature of Cardholder _____