



Our Friends Place
 Helping Girls & Young Women
 . . . Soar to Success

Our Friends Place Contribution Form

Yes! I/We would like to be a friend and change the lives of at-risk girls and young women.

Donor Information

Name _____ Please keep my gift anonymous
(as you would like it to appear in our donor list)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Designate my gift as follows:
 _____ Annual Fund _____ Group Home _____ TLC _____ Where It's Needed Most

Gift Details

A ONE-TIME DONATION IN THE AMOUNT OF:
 \$5,000 \$2,000 \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

A RECURRING DONATION AS FOLLOWS:
 A sum of \$ _____ once every month quarter six months

MATCHING CONTRIBUTIONS
 Does your employer match donations? Yes No
 Please enclose a signed Matching Gift Form from your employer, if applicable.

Memorial of Honorarium

This gift is given: in memory of in honor of _____

Please notify _____

Address _____

City _____ State _____ Zip _____

Memorial of Honorarium

Check enclosed. Please make check payable to **Our Friends Place**.

Please charge my credit card: Visa MasterCard American Express Discover

Card No. _____ Exp _____ CID (3-4 digits) _____

Signature _____ Date _____

Please return this form to:
 Our Friends Place • 2501 Oak Lawn Avenue, Suite 500 • Dallas, TX 75219
 214.520.6268 • 214.526.6219 fax • rebecca.rhule@ourfriendsplace.org

Contributions to Our Friends Place are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 75-2077719. Please consult your accountant for any clarifications.