

* Is your donation for the Esther C. Marioneaux Endowment Fund? YES NO
(A \$300 minimum donation is required for recognition and award at our Annual Meeting.)

* Is your donation in honor of an individual? YES NO
If yes please print their name and Girl Friends, Inc. Chapter (if applicable) below.

Their First Name _____ Their Last Name _____

Is this person a member of The Girl Friends® Inc. YES NO Chapter _____

* Is your donation in memory of an individual? YES NO
If yes please print their name and Girl Friends, Inc. Chapter (if applicable) below.

Their First Name _____ Their Last Name _____

Is this person a member of The Girl Friends® Inc. YES NO Chapter _____

* Is your donation for a specific Girl Friend Fund Named Scholarship of Distinction? YES NO
(If yes please check ONE GFF Scholarships of Distinction towards which to direct your donation.)

The GFF Named Scholarships of Distinction - Please indicate your Scholarship choice (Check one box)	
Scholarship Name	Focus
General Scholarship	General college education
GF Carolyn M. Carter Memorial Scholarship	STEM & medical education
Anita Peek Gilger, MD Trust	General college education
GF Juanita P. Humphrey Scholarship	Strong community and academic achievement
GF Gwendolyn G. Johnson Scholarship	General college education
GF Carole Temple Phillips Scholarship	Business education

YOUR PAYMENT METHOD

Enclosed is my check payable to The Girl Friends Fund, Inc.

OR

Please charge my donation to my:









Credit Card Number

/

Expiration Date

Signature

\$ _____

Donation Amount

Please make check payable to The Girl Friends Fund, Inc. and enclose this completed form. Please enclose any additional forms you may require for business or tax purposes. The Girl Friends Fund, Inc. is a 501 (c) 3 charitable organization. Confirmation of your tax deductible donation will be sent to your address stated above.

Mail completed form and check to the GFF Financial Secretary: **GF TAMARA TURNLEY ROBINSON**
3348 Brickey Lane
Marietta, GA 30068

Please check here if you want the GFF Pioneer named above or family member/other individual entered below to receive acknowledgement of your donation.

Contact Name _____

Contact Address _____

Contact City/ST/Zip _____

Contact Email _____