



Bringing Dreams to Life . . .

# The Girl Friends Fund, Inc. Contribution Form

## The Girl Friends Fund, Inc.

### Donor Information (Please Print)

Name \_\_\_\_\_  
*(Enter your name above for individual donations; Enter Girl Friends, Inc. Chapter name above for Chapter donations)*

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number/Land \_\_\_\_\_ Phone Number/Cell \_\_\_\_\_

Chapter \_\_\_\_\_

*(Enter NONE on the line above if you are not a member of The Girl Friends, Inc.; Enter the name of the Chapter President on the line above if this is a Chapter donation)*

### FOR GFF GENERAL DONATIONS (PLEASE CHECK ONE LEVEL OF DONATION)

GFF General Donation Levels		
Please indicate your level of giving (Check one box)		
<input type="checkbox"/>	\$25,000 and up	Legacy Level
<input type="checkbox"/>	\$15,000 to \$24,999	Visionary Level
<input type="checkbox"/>	\$10,000 to \$14,999	Dreamweaver Level
<input type="checkbox"/>	\$5,000 to \$9,999	Patron Level
<input type="checkbox"/>	\$1,000 to \$4,999	Benefactor Level
<input type="checkbox"/>	\$250 to \$999	Partner Level
<input type="checkbox"/>	\$25 to \$249	Friend Level

The purpose of the Fund is to help young African-American men and women realize their dream of an equal opportunity to a college education by awarding college scholarships to deserving graduating African-American high school seniors in need of financial assistance and who (as the result of insufficient income) may have no other means of realizing a college education. Awards are presented to selected individuals who will be attending an accredited four-year college or university and who meet the selection criteria, including documented financial challenges, exceptional academic achievement, strong moral character and exhibited commitment to community service. Their scholarship is renewable annually providing the individual continues to meet the academic standards set by the Fund.

\* 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 \_\_\_\_\_

