

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)					
\$25,000 and up	Legacy Level				
\$15,000 to \$24,999	Visionary Level				
\$10,000 to \$14,999	Dreamweaver Level				
\$5,000 to \$9,999	Patron Level				
\$1,000 to \$4,999	Benefactor Level				
\$250 to \$999	Partner Level				
\$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.

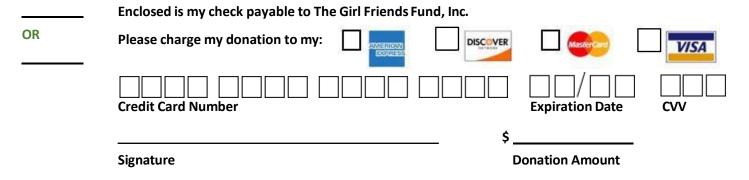
*	Is your donation for the Esther C. Marioneaux Endo (A \$300 minimum donation is required for recognition ar		YES nual Meetin	NO
*	Is your donation in honor of an individual? If yes please print their name and Girl Friends, Inc. Chapt	er (if applicable) bel	YES	NO
	Their First Name	Their Last Na	me	
	Is this person a member of The Girl Friends [®] Inc.	YES	NO	Chapter
*	Is your donation in memory of an individual? If yes please print their name and Girl Friends, Inc. Chapt	er (if applicable) bei	YES low.	NO
	Their First Name	Their Last Na	me	
	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

(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				
Pioneers of the Fund Scholarship	General college education				
GF Jacqueline Hrabowski Scholarship	General college education				

YOUR PAYMENT METHOD



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 BETH JONES

GF BETH JONES 200 River Vista Dr. Apt. #106 Atlanta, GA 30339

To be included in the Girl Friends Fund, Inc. Annual Report booklet, donations must be received by April 15th. NO