



# GENERAL DONATION FORM

**Please send donation along with this form to:**

**The Gratitude Initiative, 4601 Saint Amand Circle, Suite 101, Forth Worth, TX 76126**

Donation Amount: \$ \_\_\_\_\_

\_\_\_\_ **YES!** I would like to make this a recurring monthly donation and support the Gratitude Initiative with my monthly gift of: \_\_\_\_\_ **\$9.11/month** \_\_\_\_\_ **\$19.00/month** \$ \_\_\_\_\_/month

## DONOR INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Company/Organization (Optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK WITH THIS FORM.  
(please insure check is made payable to The Gratitude Initiative)**

**CREDIT CARD DONATIONS: (MasterCard , Visa, AMEX, and Discover accepted)**

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Card Type: \_\_\_\_\_

Address: \_\_\_\_ (same as above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for supporting our mission through your generous contribution.*