GENERAL DONATION FORM

Please send donation along with this form to:
The Gratitude Initiative, 4601 Saint Amand Circle, Suite 101, Fort 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): _____

Email Address: _____

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

Name as it appears on card: _____

Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp. Date: ____/____ Card Type:_____

Signature of Cardholder: _____ Date: ____/____/_____

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

Thank you for supporting our mission through your generous contribution.