



2021 Community Breakfast

I would like to contribute as follows:

- A recurring gift of \$ _____ per year / month for _____ years / months.
- A one-time gift of \$ _____.
- My donation is in memory of: _____
- I am interested in: volunteering / joining a committee / providing in-kind support.
- Please contact me. I have other thoughts to share.

Join Our Circle of Hope Giving Society

- Gift of Hope \$1,000 annually – or – \$83.33 per month for 3 years
- Gift of Compassion \$2,500 annually – or – \$208.33 per month for 3 years
- Gift of Friendship \$5,000 annually – or – \$416.66 per month for 3 years
- Gift of Love \$10,000 annually – or – \$833.33 per month for 3 years

Each donation of \$500 provides a child or teen grief support for one year.

Payment:

- My check is enclosed - made payable to Good Grief of Northwest Ohio. Check No.: _____
- Please charge my credit card. Card No.: _____ Exp. _____
 - Yes - I want to offset Good Grief's credit card processing fees by adding a small percentage (2.5%) to my gift.
- I intend to make a gift from my Direct Donor Account or Donor Advised Fund.
- My company will match my gift. Company Name: _____
(Please ask your employer if they have a gift matching program.)

Please list my / our name(s) as follows:

Name: _____

Address: _____ City / State / Zip: _____

Phone: _____ E-mail address: _____

Company: _____ Title: _____

Yes, I have a current GGNWO gift commitment. I would like to:

- Add _____ more years / months to my current commitment.
- Increase my financial commitment by \$_____ for _____ years / months.
- My annual payment is enclosed.

Please print, complete, and return to:

Please share how you heard about our breakfast!

Good Grief of Northwest Ohio
440 S. Reynolds Road, Suite D
Toledo, OH 43615
