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Please fill out this form and mail it to:

Girls Inc. of New York City Attn: Development 25 Broadway, 12th Floor New York, NY 10004

Donor is: Individual Company / Organization First Name: Company / Organization Name if Applicable: Address Line 1: Address Line 2 (Apt, Floor, Suite): City: State: Zip Code:

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I would like to make a <u>one-time donation</u> in the amount of: \$		
I would like to make an automatic monthly, quarterly, or annual gift of: (credit card required) \$		
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Credit Card Number:		
Expiration Date (mm/yyyy):	CVV (security code):	Date:
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OPTIONAL: Leave a note or any other details about the gift you'd like us to know:		