

THE GIBSON CENTER FOR SENIOR SERVICES DONATION FORM

GIFT INFORMATION

Donor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Email: _____

ENCLOSED IS MY DONATION \$ _____ Please use it for:

_____ Area of greatest need _____ Other: _____

_____ This is a one-time donation.

MAKE IT MONTHLY

_____ Monthly Donation Amount \$ _____

Payment Method – check – Payable to Gibson Center for Senior Services, send to PO Box 655, North Conway, NH 03860

Paypal – see the website for direct PayPal option

Credit Card Visa _____, Mastercard _____, Apple Pay _____ Others?

Card Number _____ Exp date _____ CCV _____

I authorize direct payment from my card to the Gibson Center for Senior Services for monthly recurring donations

Signature _____

TRIBUTE GIVING

This gift is _____ In memory of _____ In honor of (name) _____

PLEASE NOTIFY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occasion/Instructions/Comments _____

I AM INTERESTED IN LEARNING MORE ABOUT:

_____ Volunteering (Meals on Wheels, Thrift Store, Home visits, Landscaping, Phone Calls, Other)

_____ Planned Giving/Legacy Giving

PLEASE MAKE CHECKS PAYABLE TO: Gibson Center for Senior Services, Inc., PO Box 655, North Conway, NH 03860-0655

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