



2020 Community Champion Donation Form

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Circle one: Cash Check Credit Card

If paying by check, please make payable to: GSHNJ

If paying by credit card, please complete the following:

Name on card: _____

Amount: \$ _____

Card type (circle): Discover MasterCard Visa American Express

Credit Card Number: _____

Exp. Date (MM/YY): _____ CVV code: _____

Signature: _____

Name of board/committee member: _____

Would this community partner like to speak with a member of GSHNJ's Fund Development team? Yes No