



*YES, I WANT TO SUPPORT THE GREATER MUSKEGON WOMAN'S CLUB!*

I wish to make a donation of \$\_\_\_\_\_ payable to: The GMWC Fund Campaign

***Or***

I wish to make a pledge of \$\_\_\_\_\_ per month/year for \_\_\_ months/years to the Greater Muskegon Woman's Club Campaign for a total donation of \$ \_\_\_\_\_. Please contact me to discuss a pledge payment schedule.

Please bill my  VISA  MASTERCARD

Acct# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_

Please make checks/money orders payable to: The GMWC Fund Campaign

All contributions and correspondence may be sent to:

Director of Fund Development  
The GMWC Fund Campaign  
Community Foundation for Muskegon County  
425 W. Western Ave.  
Muskegon, MI 49440

NAME _____	PHONE _____
ADDRESS _____	CITY/STATE _____ ZIPCODE _____
SIGNATURE _____	EMAIL ADDRESS _____