

DONATION FORM



**We strive to give you choices and flexibility with your giving.
Please select your most preferred options. Please complete all information.**

Please select the amount of donation you wish to make: ___\$15 ___\$20 ___\$25 ___\$50 ___\$100 Other amount: \$_____

Please process my monthly Partners of Hope donation on the ☐ 10th ☐ 20th of the month

☐ I have included Goodwill in my estate planning

☐ I would like more information about making a gift to Goodwill through my will.

Please Choose One of These Payment Options (In order to process your request, please complete all information)

****(Please update if changing your payment method, otherwise we will continue to use your current information)****

Option 1: Automatic Bank Withdrawal

I would like to make my contribution from my checking account.

My voided check for bank verification is enclosed. (Please enclose your voided check)

Signature _____ Date _____

Option 2: Credit Card

I prefer to make my contributions from my credit card.

☐ Visa

☐ MasterCard

Card Number _____ - _____ - _____ - _____ Exp. Date _____

Signature _____ Date _____

Please Include Your Contact Information Below

All fields marked with an () are required to complete your donation*

Prefix (e.g. Mr., Mrs., Miss, etc.) _____

First Name* _____ Middle Initial _____ Last Name* _____

Suffix (e.g. II, III, IV, Jr., Sr., etc.) _____ Organization _____

Street Address Line 1* _____

Street Address Line 2 _____

City* (Military Personnel—Enter FPO of APO) _____

U.S. State* _____ Zip Code or Postal Code* _____ Phone* (____) _____

Mail completed form to:

**Goodwill Industries of
Southeastern Wisconsin
P.O. Box 78167
Milwaukee, WI
53278-0167**

Privacy Statement

Goodwill Industries respects the privacy and confidentiality of all persons and therefore does not rent, sell, or exchange anyone's personal information including name, address, financial information, or any other information provided to Goodwill Industries. Goodwill Industries is a registered 501(c)(3) organization that has been serving the people of southeastern Wisconsin since 1919. All contributions to Goodwill Industries are tax-deductible to the fullest extent allowed by law.

Terms of Agreement

My authorization to charge my account at my financial institution shall be the same as if I had personally signed a check to Goodwill Industries. This authorization shall remain in effect until I notify Goodwill Industries or my financial institution in writing that I wish to end this agreement, and Goodwill Industries or my financial institution has a reasonable time to act on it; or until Goodwill Industries has sent me ten days written notice that they will end this agreement.