



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: \$					
I would like to make my donation to: Goodwill Industries of Southeastern Wisconsin Goodwill Industries of Metropolitan Chicago					
□ I would like to make a one-time gift □ I would like to become a monthly giving Partner of Hope					
Please process my monthly Partners of Hope donation on the D 10th D 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. U Visa MasterCard					
Card NumberSecurity CodeExp. 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* () Email:					
Mail completed form to: Goodwill Industries of Southeastern Wisconsin D O D Day 20167					

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P.O. Box 78167

Milwaukee, WI

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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.