



**GrowthSkills Foundation**  
 EIN # 81-6960808

Please print this form. Fill it out and send it to the GrowthSkills Foundation at the email address below.

**DONATION FORM (Please type or use ball point pen)**

**Donor Information:**

Business Name:			
Donor Name:	Telephone:	Email Address:	
Street Address:	City:	State:	Zip:

**Financial Contribution:**

Name: (as it appears on credit card or check)			
Credit Card Number:	Amount:		
Street Address:	Expiration Date:	CVC Code:	
City:	State:	Zip:	Check #:

**Your donation supports the mission of GrowthSkills Foundation and will help change lives.**

Frequency of Donation:			
<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
Donation Amount:			
<input type="checkbox"/> \$1000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100    Other \$

**Please return your donation form to [info@growthskills.org](mailto:info@growthskills.org)**

GrowthSkills Foundation has applied to the IRS for a determination of tax-exempt status under IRC Section 501(c)(3)."