



2011 Annual Fund Drive

Name(s)_____

Address_____

Email_____

I would like my gift to remain anonymous:_____

Name as you would like it to appear in print (if different from the name above)

Enclosed is my contribution of \$_____

Please make checks payable to: Gilford Youth Center

I prefer to make: Monthly payments of \$_____

Or Semi-Annual Payments of \$_____

Credit Card Information:

Master Card_____ Visa_____ SVC Code_____

Credit Card # _____

Expiration Date_____

*Please send this form and payment to:

Gilford Youth Center
19 Potter Hill Road
Gilford, NH 03249

*The Gilford Youth Center is a non-Profit organization.