

# PARTNERS OF HOPE

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

Please select the type of donation you wish to make:

Single/One-Time Gift

Monthly Gift through Partners of Hope

\$15    \$20    \$25    \$50    \$100   Other amount: \$ \_\_\_\_\_

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

## I wish my funds be applied to:

- Workforce Connection Centers.** Community-based employment centers that help people find jobs.
- Vocational Services.** Provides vocational support, training and employment services for people with barriers to employment.
- Senior Services.** Offers home-based services and work opportunities for older adults.
- Opportunity Worker Program.** Provides job coaching, skill development and work opportunities for young adults with disabilities.
- Day Services.** Provides daily, specialized care at community sites for men and women with developmental disabilities, the frail elderly and medically fragile.
- Abil/Ty Connection Program.** Goodwill's Abil/Ty Connection program offers mentoring, internships, financial aid award(s) and job placement opportunities for students and recent graduates with disabilities who are interested in an information technology career.
- Wherever needed to support Goodwill's mission.**

My gift will be matched by my employer: \_\_\_\_\_

My gift is in honor or memory of: \_\_\_\_\_

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, it is important to complete all information on this form)

### Option 1: Automatic Bank Withdrawal

I would like to make my contributions from my checking account. My voided check for bank verification is enclosed.  
(Be sure to 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 complete required information on back side**

**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 \_\_\_\_\_

Title/Position \_\_\_\_\_

Email\* \_\_\_\_\_

Street Address Line 1\* \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_  
Optional

City\* (Military Personnel-Enter FPO or APO) \_\_\_\_\_

U.S. State\* \_\_\_\_\_ Zip Code or Postal Code\* \_\_\_\_\_

U.S. Phone\* \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Mail this completed form to:**

**Goodwill Industries of Southeastern Wisconsin, Inc.  
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 10 days written notice that they will end this agreement.