



**Goodman**  
Community Center

149 Waubesa Street

Madison, WI 53704

Phone: 608-241-1574

Fax: 608-241-1518

The Goodman Community Center  
is a non-profit agency.  
Your contribution is tax-deductible  
to the full extent allowed  
by the tax laws.

GCC Fed ID #3919191172

**Mail this  
completed form to  
the attention of the  
development office  
at the address  
above.**

**Thank you!**

FOR OFFICE USE ONLY

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Check #

\_\_\_\_\_  
Date RE

\_\_\_\_\_  
CC

# Monthly Giving Form Please print clearly.

I/We would like to give \$ \_\_\_\_\_ per month to support the Goodman Community Center. I understand that I can simply notify the Center at any time I want to discontinue monthly giving.

## Would you like to designate your gift to a specific program?

Please print the amount you'd like to give to one or more programs:

- \_\_\_\_\_ Where it is needed most
- \_\_\_\_\_ Preschool
- \_\_\_\_\_ Youth Programs
- \_\_\_\_\_ Teens
- \_\_\_\_\_ Older Adult Programs
- \_\_\_\_\_ Food Programs
- \_\_\_\_\_ Other \_\_\_\_\_

## Payment type

- Check.** Please send me reminders to send in my payments
- Credit Card.** I authorize the Goodman Community Center to withdraw the above amount from my credit card monthly. I understand that it will be withdrawn during the first 10 days of each month.
  - Visa     Mastercard     Discover

Print name as on card \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Your information Sent gifts before? Only include your name and any information that has changed.

Name/s \_\_\_\_\_

Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Email \_\_\_\_\_