



**Every Chapter Challenge / Star Chapter Competition
2017 Gift Form
Deadline 10.31.2017**

Name: _____

E-mail: _____ GPA Member ID: _____

Title: _____

Organization: _____

Address: _____

City State ZIP: _____

Business Phone: _____ Cell Phone: _____

Home Phone: _____

GPA Chapter to be credited: _____

GPA Region to be credited: _____

Select all that apply:

_____ **I would like to support the Grant Professionals Foundation's Every Chapter Challenge Campaign with a Gift of \$ _____.**

_____ I would like my gift to be "In honor of": _____

_____ Through my check made payable to - "**Grant Professionals Foundation**"

_____ Through a onetime credit/debit card (VISA, MasterCard, Discover, or American Express) payment.

Card number _____ Expiration Date ____/____ Security Code _____

Signature _____ Date _____

_____ I have made my donation of \$ _____ online through PayPal (**please specify ECC and name of chapter**) via the "Donate" button at: <http://www.grantprofessionalsfoundation.org/donate-now/>.

_____ I have set up a recurring Giving Well payment in the amount of \$ _____ as a monthly gift via my credit/debit card using the "Subscribe" button at: <http://www.grantprofessionalsfoundation.org/donate-now/givingwell/>.

Thank you for supporting the Grant Professionals Foundation!

Gifts to the Foundation are tax-deductible to the fullest extent of the law, as no goods or services are provided in consideration of a gift.

Please send your completed gift/pledge form to **Grant Professionals Foundation**, 10881 Lowell Avenue, Suite 190 Overland Park, KS 66210, by fax to **913-788-3398** or via email info@grantprofessionalsfoundation.org.