



Yes, I want to support Goodwill and help change lives.

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____

Select a program(s) you would like your donation to be directed to:

- Goodwill - Area of greatest need \$ _____
- Goodwill Inn \$ _____
- Food and Critical Needs \$ _____
- Food Rescue \$ _____
- Holiday Needs \$ _____
- Housing Support Services \$ _____
- Paperworks Studio \$ _____
- Patriot Place \$ _____
- Street Outreach \$ _____
- Workers on Wheels \$ _____
- Workforce Development \$ _____
- Total** \$ _____

Please do not publish my name as a contributor
 I have access to matching funds and will send more information
Comments: _____

I would like to make my donation (circle one):

In **Memory** or In **Honor** of

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Information

If payment is enclosed, please make check(s) payable to: Goodwill or Goodwill Inn as appropriate.

Recurring donations are graciously accepted.

Please choose if you would like your recurring gift to be billed

Monthly Quarterly Annually

Check: Amount: \$ _____

Credit Card Amount: \$ _____

Visa Master Card American Express

Card#: _____ Exp Date: _____

Signature: _____ Date: _____

**Please mail donation to: Goodwill Industries
2279 S Airport Rd W
Traverse City, MI 49684**

I would like information about:

- Goodwill Inn Endowment
- Goodwill Industries Endowment
- Planned Giving
- Wills and Bequests
- Life Insurance Policies
- Other Please Specify _____