



Donor Name: *(as you would like it to appear in print)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**My gift in memory of:** *(Name) Mr. Mrs. Ms.* \_\_\_\_\_

**Please notify the following individual(s) that this memorial gift has been made (without mention of gift amount):**

Name *(as you would like it to appear in print)*: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For the amount of:**

\$1,000  \$500  \$250  \$100  \$50  \$25  Other: \$ \_\_\_\_\_

**Payment Type:**

Check  Credit Card  Cardholder information same as donor name above

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby authorize Goodland Academy to process payment for the above donation by method of the charge information given.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or fax to:**

Goodland Academy • 1216 N 4200 Rd • Hugo, Oklahoma 74743 or Fax to: 580-326-5556 • Phone: 580-326-7568