

# *Gutless and Glamorous*

Thank you for your gift to Gutless and Glamorous| GutlessandGlamorous.org

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## **DONATION AMOUNT**

I would like to make a donation to Gutless and Glamorous in the amount of \$\_\_\_\_\_

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## **CONTACT INFORMATION**

SELECT ONE:  MR.  MRS.  MS.  DR.

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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## **BILLING INFORMATION:**

I have endorsed my check made payable to Gutless and Glamorous

Please charge my credit card:  Visa  American Express  Discover

Credit Card No: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code\_\_\_\_\_ Expiration Date\_\_\_\_/\_\_\_\_

Name of Cardholder (for corporate cards, please include company name):  
\_\_\_\_\_

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## **BILLING ADDRESS: (if different from above):**

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

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

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

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**WHERE TO SEND YOUR DONATION:** Please complete this form and mail it with your check/credit card information to:

**Gutless and Glamorous PO Box 19615 Atlanta, GA 30325**