Greater Gift
Advancing Global Health

Please mail the completed form to:

Greater Gift
486 N. Patterson Ave, Suite 320
Winston-Salem, North Carolina 27101

Yes! I want to support the mission of Greater Gift by donating today.

$25 $50 $100 $250 Other_____

Checks made payable to Greater Gift.

☐ I would like to give monthly by check in the amount of $ _____

☐ I would like to give monthly by credit card in the amount of $ _____

We will contact you to set up monthly giving by credit card.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Telephone (optional): _____ ☐ **Home** ☐ **Mobile**

The enclosed amount is for:

☐ General Funds

☐ In Honor of a Family/Friend Honoree Name: _____

Honoree Email: _____

Thank you!

Together we celebrate clinical research contributors and raise awareness for participation.