



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: \_\_\_\_\_

Vaccines or

Meals

**Thank you!**

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