



Return this completed form to:
P.O. Box 2851, Country Club Hills, IL 60478
Or Fax to: 800-521-1479

**To give online or for more information, go to
globalhandincorporated.org**

(1) MY INFORMATION

Please Print:

Name: _____

Billing Address: _____ **APT./UNIT**

City:	State:	Zip Code:
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Telephone:	Fax:	Email:
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I am interested in learning more about:

- Volunteer opportunities** **Networking Opportunities**

(2) MY GIFT

<u>Giving Level</u>	<u>Range</u>	<u>My Gift Amount</u>
<input type="checkbox"/> Genuine "True Blood Donor"	5,000 or 1,000 annually for four years	_____
<input type="checkbox"/> Oxygen Builder	200.00 a month or 2,400 each year	_____
<input type="checkbox"/> Friends of Global Hand Inc.	More than 1,200 a year	_____
<input type="checkbox"/> True Donor	Less than 1,000	_____

Please allocate my gift donation to:

- School Program Scholar Program Pens Program Use my gift where it needed
 ShipAhuGs

Total gift: \$

(3) MY PAYMENT

A Check Payable To GLOBAL HAND INCORPORATED Is Enclosed

Please charge my credit/debit card

- AMEX DISCOVER MASTER CARD VISA

Card No.	Expiration Date:
Name(as it appears on credit card):	Security Code(on back of card last three digits)

(4) AUTHORIZATION

Signature <i>Required</i>:	Date:
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**Thank You for your support of Global Hand Incorporated
"Working to Enhance the Quality of Life"**