



General Donation Form

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____

Email Address: _____

Please select this box if you prefer to remain anonymous.

I would like to further the work of GCB with a gift of:

\$1000 \$500 \$100 \$50 \$25

Other _____

I would like my gift to support:

GCB Annual Fund

GCB Endowment Fund

GCB - Paul Nemann Memorial Fund

Please Enclose Payment:

Check Enclosed: \$ _____ (Payable to **GCB**. Federal Tax ID: 31-0802647)

Credit Card (Please Check One): Visa Mastercard American Express

Name on Credit Card: _____

Credit Card No.: _____ Exp. Date: _____ (MM/YY)

Cardholder Signature: _____

Comments or special instructions: _____

Return Completed Form To:

Rusty Sheehan
 GCB
 1501 Madison Road, Cincinnati, OH 45206
 Phone: (513) 354-7005, Fax: (513) 354-7115
 E-Mail: rsheehan@gcbhs.com