



Betty Griffin Center

Healing for now. Hope for tomorrow.

Meet the Challenge!
Gift Form In Support of Delores Barr
Weaver Fund Matching Grant

Yes! I/We will join with Betty Griffin Center in meeting the **Weaver Challenge Grant** by providing financial support for programs and services in an effort to end domestic and sexual violence and to save lives.

Name _____ Signature _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell _____

Email _____ Date _____

Payment Options: Use the payment method that is most convenient for you.

1. **Check:** Please make checks payable to Betty Griffin Center
2. **Online:** Go to www.BettyGriffinCenter.org/support
3. **Credit Card:** Visa MasterCard American Express Discover

Card Number _____ Exp. Date _____

Name on Card _____ Security Code _____

- I/We are happy to support the Betty Griffin Center in **“Meeting the Challenge!”** knowing that my/our gift will have double the impact.
- I/We are pleased to make a one-time gift of \$_____.
- I/We would like to make a recurring gift: monthly \$_____, quarterly \$_____, twice/year \$_____ totaling \$_____ to be received by 12/31/18.
- My/our intention is to give \$_____ a year for ___ years, for a total of \$_____.
- I/We would like information about including Betty Griffin Center as the beneficiary of a bequest.

Matching Gifts: Many companies will match your gift to Betty Griffin Center, thereby doubling or tripling the impact of your generosity. Please obtain a matching gift form from your employer and return it.

Betty Griffin Center is a 501(c)(3) organization / EIN #59-3028497

Thank you for your gift as we work to create peace at home...then the world!

Please complete this form and return it to:
Betty Griffin Center, 2450 Old Moultrie Rd., Ste. 202, St. Augustine, FL 32086
Phone: (904) 808-8544