

Make a Gift to
The Recreation Council of Greater St. Louis

Personal Information:

Mr. Mrs. Miss Ms. Dr.

First Name: _____

Middle Name: _____

Last Name: _____

Address Information:

Address: _____

City: _____

State: _____

Zip: _____ - _____

Phone: _____ - _____ - _____

Gift Information:

Gift Item: _____ *or* Gift Amount: \$ _____

If you wish to restrict how your gift should be utilized by the Recreation Council, please indicate here (i.e. camp funds for children, adaptive recreation equipment, etc.):

Check Here if Your Gift can be Company-Matched: _____

Matching Company: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Gift is Made:

In Honor of: _____ Occasion: _____

In Memory of: _____

Other: _____

Send Gift Acknowledgment to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ - _____

Payment Information:

Gift Amount: \$ _____

Credit Card Information: ___ Visa ___ Mastercard

Credit Card Number: _____

Expiration Date: Month _____ Year _____

Name on Credit Card: _____

Other: ___ Pay Pal ___ Check (*payable to Recreation Council of Greater St. Louis*)