



2024 HOLIDAY CARD ORDER FORM

To ensure delivery by December 25, order deadline is
December 16, 2024

**Recipient #1**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

Recipient #2

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

Recipient #3

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

PAYMENT INFORMATION (Make checks payable to the Greater Salina Community Foundation)

TOTAL DONATION AMOUNT \$ _____ (minimum contribution is \$20 per card)

CASH CHECK CREDIT CARD (more below) DONOR ADVISED FUND AT GSCF

NAME _____

PHONE _____

ADDRESS _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

MASTERCARD VISA DISCOVER AMERICAN EXPRESS

Yes, I would like to cover credit card fees. (2.5%)

CARD #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name on card _____

Billing Address (if different than above) _____

City _____ State _____ Zip _____

Mail completed form with payment by December 16th to:
Greater Salina Community Foundation P.O. Box 2876, Salina, KS 67402-2876



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Recipient #4

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

Recipient #5

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

Recipient #6

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

Recipient #7

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

Recipient #8

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT \$ _____ TO BENEFIT (FUND NAME) _____

