



Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Country _____

Daytime Phone _____ Email Address _____

____ YES, I would like to be added to your email list

____ YES, I would like to be added to your mailing list
We will never sell, rent or share your name or address.

Gift Information

____ Enclosed is my gift of \$ _____ (Please make checks payable to Good Counsel, Inc.)

____ Please charge my credit card \$ _____

____ Master Card ____ Visa ____ Discover Card ____ American Express

Credit Card Number _____ Expiration Date _____

Name on Card _____

Signature _____

Please return this gift form to:

***Good Counsel, Inc.
600 Meadowlands Parkway, Suite 251
Secaucus, NJ 07094
201.795.0637***

Your donation is tax deductible as allowed by law.

Internet