



# GC Cares, Inc. Contribution Form

*For One-Time Contributions*



**Contribution by Cash or Check – Please make check payable to GC Cares, Inc.**

Name:

Business Entity: First Last

*If contribution is from business entity, please provide business name.*

Address:

Street Address Apartment/Unit #

City State ZIP Code

**Contribution by Credit Card**

Name As It Appears On Card:

First Last

Credit Card Billing Address:

Street Address Apartment/Unit #

City State ZIP Code

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV #: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_

**Amount of Contribution**

I understand that my contribution to **GC Cares, Inc.** will be used to support employees of Golden Corral Corporation or employees of a franchisee dba Golden Corral who experience an emergency situation which causes a temporary financial hardship and help them regain financial stability within a relatively short period of time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_