



BOYS & GIRLS CLUBS
OF MUNCIE

DONOR CONTRIBUTION FORM

Name(s): _____

Address: _____

Phone: _____

Email: _____

Name as you would like it listed for **public recognition purposes** (Include on Behalf Of, In Honor Of, In Memory Of):

I would like to give **anonymously**

YES! I will support kids and the programs offered by the Boys & Girls Clubs of Muncie with a gift of

\$ _____

Payment Options

My **check** is enclosed, may payable to **Boys & Girls Clubs of Muncie**

Please **charge** my MasterCard Visa American Express

Card #: _____ Exp: _____ CSV Code: _____

Pledge now for later payments Bill my credit card OR Send an invoice (Circle one quarterly annually)

Partial payment \$ _____ enclosed. Annual reminders will be sent for the balance.

(Additional payment from the following account: personal business family foundation)

Other _____

Signature: _____ **Date:** _____

(required for all pledge and credit card transactions)

My Company Matching Gift Form is enclosed

I have left a bequest or planned gift to the Boys & Girls Clubs of Muncie in my will

I would like more information about planned giving

THANK YOU FOR YOUR SUPPORT!

*Questions? Contact 765-282-4461
Boys & Girls Clubs of Muncie
P.O. Box 820, Muncie IN 47308*