



DONATION FORM

▪ PERSONAL INFORMATION

First Name _____ Last Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Phone _____ Email _____
Country _____ Subscribe to Boys & Girls Clubs of Greater Milwaukee Newsletter

▪ BILLING INFORMATION

My Billing Information is the same as my Personal Information
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____

▪ CREDIT CARD INFORMATION *(Please ensure your billing address above matches the address on your credit card statement)*

Name on Card _____
Credit Card Number _____ Expiration _____ CSC Code _____
Card Type: VISA MasterCard AMEX DISCOVER
Amount (USD): \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 \$25 Other Amount _____

▪ DESIGNATE YOUR DONATION

In Honor of In Memory of _____
 Occasion _____
Special Handling Instructions: _____

Complete the following to send an acknowledgement card for this donation to:

First Name _____ Last Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____

General Notes: _____

Please mail the form and a check or money order to:

★ Boys & Girls Club of Greater Milwaukee ★ 1558 N. 6th Street, Milwaukee WI 53212 ★ 414- 267- 8100