



Printable Donation Form

MAIL COMPLETED FORM TO: **P.O. BOX 30, BEACON, NY 12508**

Donation amount: \$ _____ Monthly One-time

INFORMATION FOR BILLING and DONOR ACKNOWLEDGEMENT LETTER - THANK YOU!

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell phone: (_____) _____

Email Address: _____

Donate by check: Mail check and this form to **P.O. BOX 30, BEACON, NY 12508**

Donate by credit card:

Please charge my credit card with my contribution of: \$ _____ (All amounts will be charged in U.S. dollars.)

Circle card type:    

Please print Card # using **Black** or **Blue** ink.

Exp. Date (MMYY)

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CWV Number _____

Name on card: _____

Please print name clearly

Authorizing signature: _____

Are you dedicating this donation?

No.

Yes, my donation is in honor of _____

Name of individual

Would you like the Be A Friend Project to send a card to someone as notification of your honor? Your gift amount will not be included in the card.

No, do not send a card.

Yes, send a card to:

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Personal message and signature:

THANK YOU FOR BEING FRIEND STRONG!

Your contact info will never be shared or used for purposes other than this donation.

www.beafriendproject.org