

Printable Donation Form MAIL COMPLETED FORM TO: P.O.BOX 30, BEACON, NY 12508

Donation amount: \$
INFORMATION FOR BILLING and DONOR ACKNOWLEDGEMENT LETTER - THANK YOU!
Name:
Address:
City:State:ZIP:
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: AMERICAN DISCOVER VISA
Please print Card # using Black or Blue ink. Exp. Date (MMYY) CVV Number
Name on card:
Please print name clearly Authorizing signature:
Are you dedicating this donation? □ No.
☐ Yes, my donation is in honor of
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