



Foundation of Friends Donation Form

Office Use:
RE: _____
TY: _____
DB: _____

1. DONOR INFORMATION:

Name: _____ (How you will appear in our Annual Report. Indicate any changes below.)

I would like to be acknowledged as: _____ **Anonymous**

Email: _____ **Tell me more!!** Stay current with our Club and our kids via e-news.

Phone: _____ M H W

Address: _____ City: _____ State: _____ Zip: _____

If mailing to a business, please list the Company Name: _____

I was a "Club Kid" at the Boys & Girls Club of _____

2. SIGN ME UP TO BE A CHAMPION: Champion for Kids Society Membership (CFK)

_____ **\$1,000 per year for 5 years:** \$83.33 a month

_____ **\$2,500 per year for 5 years:** \$208.33 a month

_____ **\$5,000 per year for 5 years:** \$416.66 a month

_____ **\$_____ per year for 5 years (choose your yearly giving amount of \$1,000 or more)**

_____ What does it mean to be a *Jeremiah Milbank Society* Member? Please contact me, I would like to hear more.

Our CFK members sustain our programs, and invest in countless opportunities for our kids

3. MULTI-YEAR PLEDGE:

_____ I would like to contribute \$_____ for _____ years (please consider a 3-year minimum for pledges)

4. CURRENT MULTI-YEAR PLEDGE DONORS & CHAMPIONS:

_____ Upgrade pledge to Champion for Kids Society Level \$1,000 \$1,200 \$2,500 \$5,000

_____ Increase my pledge to \$_____ for _____ years

_____ Add another year to my previous multi-year pledge

5. MONTHLY GIVING: ACH or Credit Card Deductions only (withdrawn 1st business day of every month)

\$10/monthly \$25/monthly \$50/monthly \$100/monthly * \$_____/monthly

* **Make me a CFK Society Member (\$1,200/year for 5 years)**

6. ONE TIME GIFT:

_____ My one time, tax deductible gift of \$_____ is enclosed

7. GIFT/PAYMENT: Checks payable to the Boys & Girls Club of Manchester (BGCM)

Payment Option: Annually (May) Semi-Annually (May & Nov) Quarterly (May, Aug, Nov, Feb) Monthly (ACH or CC ONLY)

Billing Option: Mail pledge reminder(s) Email pledge reminder(s)

Credit Card Info: # _____ Exp. Date: _____ Sec. Code: _____

Signature: _____ I authorize you to charge my card automatically for payment

ACH DEBIT: (Please enclose a VOIDED Check) **My Employer will MATCH my Gift**

Account Holder's Name: _____ Bank _____

Contact me...

I can donate a service I have other thoughts to share **I am interested in speaking to you about planned giving**