

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 Boys & Girls Clubs of Central lowa with a gift of \$
Payment Options
My check is enclosed, made payable to Boys & Girls Clubs of Central Iowa
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 / Annuali
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 Boys & Girls Clubs of Central Iowa in my will I would like more information about planned giving

THANK YOU FOR YOUR SUPPORT!

Questions? Contact 515-242-7925 Boys & Girls Clubs of Central Iowa 1421 Walker Street, Des Moines, IA 50316