

# DONATION FORM



**BOYS & GIRLS CLUBS**  
OF GREATER MILWAUKEE

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Country \_\_\_\_\_

## BILLING INFORMATION

My Billing Information is the same as my Personal Information

Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

## PAYMENT METHOD:

### CREDIT CARD

*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 \_\_\_\_\_

### CHECK

My check is enclosed, payable to Boys & Girls Clubs of Greater Milwaukee (BGCGM)

## 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 \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
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. If you have any questions, please contact  
Donations@bgcmilwaukee.org.