



BCHA \$5 A Month Club

DONATION FORM

DONOR INFORMATION

Name_____

Street Address_____

City/State/Zip_____

Email_____ Phone_____

BCH State_____ BCH Chapter_____

DONATION AMOUNT (Check one)

- Standard (\$5 a Month)
- Double Me Up! (\$10 a Month)
- Trifecta! (\$15 a Month)

PAYMENT INFORMATION

CREDIT CARD TYPE VISA Mastercard

Credit Card Number_____

Expiration Date (MM/YY)_____ CVC (3 digits on back of card)_____

Address for Credit Card (IF DIFFERENT FROM MAILING ADDRESS OF DONOR)

Street Address_____

City/State/ZIP_____

SIGNATURE_____