

Contribution Form

Below, please print your name way in which you would like it to appear in Community Foundation publications.

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

I wish to remain anonymous

One time cash donation: \$ _____

Yearly Pledge Plan – Total Amount: \$ _____

Year 1 \$ _____

Year 3 \$ _____

Year 2 \$ _____

Year 4 \$ _____

Method of Payment:

Cash

Check (made payable to BBICF)

Master Card

VISA

Discover

Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

SEND YOUR GIFT WITH THIS CONTRIBUTION FORM TO:

Community Foundation
P. O. Box 907
Pointe aux Pins, Michigan 49775

If you wish to make this gift in honor or in memory of someone, please print their name below and check the appropriate box.

Name: _____

in honor in memory

An acknowledgement should be sent to their family at the following address:

