

2024-2025 Intent to Give Form

Donor Information

Full Name _____

Address _____ City, State, Zip _____

Phone _____ Cell Phone _____

Email _____

Company/Organization _____

Gift Information

This year it is my goal and my hope to give approximately \$ _____ to the Club

My Gift Amount: \$ _____ Solicitor's Name: _____

Payment Included Today: \$ _____

This is a:

- One-Time Gift
- Pledge
- Cash
- Check, No. _____
- Credit Card _____
- Recurring or Scheduled Payment
- Please schedule my payment for:
 - Monthly \$ _____ per month
 - Quarterly \$ _____ per quarter
 - Annually for _____ years
- Please contact me about planned giving or gifts-in-kind
- Eligible for company match
- I wish this gift to remain anonymous

This gift is in honor/memory of _____

Please notify _____

Credit/Debit Card Authorization

Card Type Credit Card Debit Card

VISA MasterCard DISCOVER FINANCIAL SERVICES AMERICAN EXPRESS Cover Transaction Fees

Name as it appears on card _____

Billing Address _____ City, State, ZIP _____

Card Number _____ SIC Code _____ Exp Date MM/DD/YY _____

Signature _____ Date _____ Total \$ _____

Make payment at www.BGC-LNV.org/Donate or complete form and mail to 1 Positive Place, Shelton, CT 06484

