

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 | ☐ Cash | ☐ Recurring or Scheduled Payment |
| ☐ Pledge | ☐ Check, No. _____ | Please schedule my payment for: |
| | ☐ Credit Card | ☐ 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 ☐ 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

