

Return form to the Boys & Girls Club:
1112 NW Circle Blvd.
Corvallis, OR 97330
Tel. 541-757-1909
Fax: 541-757-7874
www.bgccorvallis.org



Office Use:
Rec: _____
Acctg: _____
Data Entry: _____
Event: _____
Attribute: _____
TY: _____ Formal _____
PR: _____
Bfts: _____
 10% for Program Endowment

Gifting Form

*Personal Information

Name _____ Phone _____

Business _____

Address _____ City/State/Zip _____

Email _____

*Privacy Policy: The Boys & Girls Club of Corvallis does not give or sell any personal information to any third party.

In-kind/Service: _____

Donation/Sponsorship Amount \$ _____

Event: _____

Sponsorship Level: _____

Athletic Sponsor Team Preference: _____

Check Enclosed

To be paid: Annually Semi-Annually Quarterly Monthly* (see below) Starting _____

Contribute \$ _____ per year for _____ years.

*Monthly Donor Information

Monthly amount I wish to donate \$ _____ (\$5.00 minimum)

Gift Options (*Your authorization is required below*):

- **Option 1:** I prefer to make automatic gifts from my checking account

A check with my first monthly gift is enclosed *or* My blank, voided check is attached

- **Option 2:** I prefer to have my monthly gift charged to my credit card

Please bill: Visa *or* MasterCard
Credit card # _____ Expiration date _____

Authorization: I authorize the Boys & Girls Club of Corvallis to make an automatic monthly gift transfer as indicated above. This authorization will remain in effect until I notify the Boys & Girls Club of Corvallis that I wish to change or cancel my contributions. I would like gift transfers to occur each month on this date:

5th *or* 20th

Signature (required for monthly donor): _____

Club Representative: _____

*Join the Next Generation Club:
Remember the Boys & Girls Club of Corvallis in your estate planning.*