



**BOYS & GIRLS CLUB
OF CAMDEN COUNTY**

Your generosity will help a child or teenager BE GREAT!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

- | | | |
|--------------------------------|--|--|
| Donation Amount | | Please: |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$250 | _____ Make this a one-time gift. |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$500 | |
| <input type="checkbox"/> \$75 | <input type="checkbox"/> \$1,000 | _____ Make this a monthly gift. I will be |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> Other Amount: \$_____ | charged for ____ months or until I |
| | | provide notification. |

Gift Designation*: _____

**If necessary, please complete the Boys & Girls Club of Camden County Tribute Recognition Form.*

Payment Information

- I have enclosed a check payable to **Boys & Girls Club of Camden County.** I would like to make my donation by credit card.

Name (on card): _____

Credit Card Number: _____ Card Type: _____

Exp. Date (MM/YYYY): _____

Billing Address
(if different): _____

City/State/Zip/Country: _____

Cardholder Signature: _____

By signing this form, I authorize the debit of my credit card to Boys & Girls Club of Camden County for the set amount indicated above. I understand that donations will be charged during the last week of the month. I also understand that I may cancel this pledge or adjust the amount at any time by contacting the Boys & Girls Club of Camden County at 856-966-9700, ext. 228 or notifying the organization in writing. Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the state of New Jersey by calling 973-504-6215. Registration with the Attorney General does not imply endorsement.

Please submit this **completed** form to:

Boys & Girls Club of Camden County, Development Office, 1709 Park Blvd., Camden, NJ, 08103 FAX: 856.966.7300