



DONATION FORM

FIRST NAME LAST NAME

STREET ADDRESS

CITY STATE ZIP

PREFERRED PHONE NUMBER EMAIL ADDRESS

I would like to make a one-time gift of: \$ _____ I would like to make a monthly gift of: \$ _____

MAKE CHECKS PAYABLE TO BECKRIDGE

PLEASE USE MY GIFT FOR THE FOLLOWING:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Patron Donor | <input type="checkbox"/> Scholarship Fund | <input type="checkbox"/> Memorial Day Fund |
| <input type="checkbox"/> Endowment Fund | <input type="checkbox"/> Living Memorial | <input type="checkbox"/> Piano Fund | <input type="checkbox"/> Building Lease Fund |
| <input type="checkbox"/> Canton Idol | <input type="checkbox"/> Youth Choir | <input type="checkbox"/> BeckRidge Chorale | <input type="checkbox"/> Cherry Hill Singers |
| <input type="checkbox"/> Special Projects | | | |

I make this gift in honor of: _____

I make this gift in memory of: _____

I would like to make this gift anonymously

Please send an acknowledgement of my gift to: _____

STREET ADDRESS CITY STATE ZIP

CREDIT CARD NUMBER EXPIRATION DATE CSV

NAME ON CARD (PRINT) SIGNATURE

**Please return this form and gift to:
BeckRidge Productions
40525 Koppernick Road
Canton, MI 48187**