



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"/> Endowment Fund | <input type="checkbox"/> Memorial Day Fund |
| <input type="checkbox"/> Canton Idol Fund | <input type="checkbox"/> Scholarship Fund | <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 INFORMATION:

CREDIT CARD NUMBER EXPIRATION DATE CSV

NAME ON CARD (PRINT) SIGNATURE

Please return this form to – BeckRidge Productions – 650 Church Street – Suite 216 – Plymouth, MI 48170
www.beckridge.org – 734.707.8187