



Donor Information

Full Name _____

Address _____ City, State, Zip _____

Phone _____ Cell Phone _____

Email _____

Company/Organization _____

Gift Information

My Gift Amount: \$ _____ Solicitor's Name: _____

Payment Included Today: \$ _____

This is a:

- | | | |
|---|---|--|
| <input type="checkbox"/> One-Time Gift | <input type="checkbox"/> Cash | <input type="checkbox"/> Recurring or Scheduled Payment |
| <input type="checkbox"/> Pledge | <input type="checkbox"/> Check, No. _____ | Please schedule my payment for: |
| | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Monthly \$ _____ per month |
| | | <input type="checkbox"/> Quarterly \$ _____ per quarter |
| | | <input type="checkbox"/> 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

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