



BCHA \$5 A Month Club DONATION FORM

DONOR INFORMATION

Name_____

Street Address_____

City/State/Zip_____

Email_____ Phone_____

BCH State_____ BCH Chapter_____

DONATIONAMOUNT (Check one)

- Starting Gate! (\$5 a Month)
- Double Me Up! (\$10 a Month)
- Trifecta! (\$15 a Month)
- Pacesetter! (\$25 a Month)

PAYMENT INFORMATION

CREDIT CARD TYPE VISA MasterCard American Express

Credit Card Number_____

Expiration Date (MM/YY)_____ CVC (3 digits on back of card)_____

Address or Credit Card (IF DIFFERENT FROM MAILING ADDRESS OF DONOR)

Street Address_____

City/State/ZIP_____

SIGNATURE_____