



BETH BRUNSWICK
MEMORIAL FUND
for children

_____ **Monthly Pledge** \$ _____ **Beginning** _____
_____ **I will send** _____ **Please bill me beginning** _____

_____ **Quarterly Pledge** \$ _____ **Beginning** _____
_____ **I will send** _____ **Please bill me (will bill Jan, April, July, Oct)**

_____ **Semi Annual Pledge** \$ _____ **Beginning** _____
_____ **I will send** _____ **Please bill me beginning** _____

_____ **Annual Pledge** \$ _____ **Beginning** _____ **For a period of** _____ **years**
_____ **I will send** _____ **Please bill me in the month** _____

_____ **One Time Gift** \$ _____

_____ **I am interested in naming opportunities please contact me. List printed on the back of this form.**

Name: _____
Address: _____
Email: _____
Phone : _____

To make your donation more convenient we have the ability to take your generous contribution via credit card. If you wish to pay your donation listed above by Credit card please complete the section below.

For Credit Card Payments:

Name : _____
Address: _____
Credit Card number: _____
Expiration-Month & Year: _____
Security Code on Back-3 digits: _____

Signature: _____
Date: _____

Thank you for your generous contribution towards making this dream a reality!