

DONOR CONTRIBUTION FORM

Name(s):Address:	
Phone:	
Email:	
YES! I will support kids and the programs Payment Options	ms offered by Boys & Girls Clubs of Metro Denver with a gift of
☐ My check is enclosed, made payable to Bo	oys & Girls Clubs of Metro Denver
☐ Please charge my ☐ MasterCard ☐ Visa	·
	Exp.: CSV code
☐ Pledge now for later payment ☐Bill my credit card OR ☐Send an invoice (circle one: quarterly annually)	
□ Partial payment of \$ enclosed. Annual reminders will be sent for balance.	
(Additional payments from the following account: □ personal □ business □ family foundation) □ Other:	
Other:	
Signature:	Date:
(required for all pledge and credit card transactions)	
☐ My Company Matching Gift Form is enclosed	
☐ I have left a bequest or planned gift to Boys & Girls Clubs of Metro Denver in my will	
☐ I would like more information about planned giving	

THANK YOU for your support!

Your gift qualifies for the Colorado Child Care Contribution Credit.

Questions? Contact 303.892.9200. Boys & Girls Clubs of Metro Denver 2017 W. 9th Avenue, Denver, CO 80204