



Yes! I want to support the BCCF!

(Gifts received by May 6, 2016 will be acknowledged in the June recognition publications.)

Name _____ Alumnus? (Yes/No) _____ If Yes, Graduation Year? _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Telephone _____

Students currently enrolled in BC Schools? (Yes/No) _____ I/We would like to volunteer with the BCCF _____

My gift is in honor/memory (please circle) of _____ . Please send acknowledgment to

Name _____ Address _____ City _____ State _____ Zip _____

___ Eagles' Club	___ Visionary	___ Partner	___ Leader	___ Supporter	___ Member
(\$1,000 or more)	(\$500 - \$999)	(\$250 - \$499)	(\$100 - \$249)	(\$26 - \$99)	(\$25)

How would you like your gift to be acknowledged in school year-end publications?

Name(s) _____ I wish for my gift to be anonymous _____

My check *payable to the BCCF* is enclosed.

Charge my credit card (please check): MasterCard or Visa (We are unable to accept American Express) Amount: \$ _____

Account number: _____ Expiration Date: _____

Name as it appears on the card (please print): _____

Billing address (if different than mailing address): _____

Signature _____ Security Code (3-4 digit #) _____

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