



DONATION FORM

Yes, I would like to help individuals and families in need!

Please print and complete this form when mailing your gift.

Sign me up for an automatic monthly recurring tax-deductible gift of:

___ \$25/month ___ \$15/month ___ \$10/month ___ Another Amount: \$_____

Enclosed is my one-time tax-deductible gift of:

___ \$1,000 ___ \$500 ___ \$300 ___ \$100 ___ \$50 ___ \$35 ___ Another Amount: \$_____

Please make checks payable to: Beverly Bootstraps

Name _____

Email Address _____

Phone Number _____

Address _____

City, State, Zip _____

This gift is ___ in honor of ___ in memory of: _____

Include name and address for who should receive notification of your donation.

Name _____

Address _____

Mail the completed form and donation to:

Beverly Bootstraps
35 Park Street
Beverly, MA 01915
TEL: (978) 927-1561

Your gift, in any amount, is appreciated!