



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 _____

Would you like your name listed in any future publications that may recognize donors?

Yes No

If yes, how would you like your name to appear? _____

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!