

# DONATION FORM

*Thank you for your support!*

## DONOR INFORMATION

Company/Organization (if applicable)

Contact

Email

Phone

Address

City

State

Zip

## PAYMENT INFORMATION

*Make checks payable to BROC Foundation*

Credit Card Number

Exp. Date

CVV

Billing Zip Code

Billing Address (if different from above)

### ONE TIME DONATION

- |                          |         |                          |       |
|--------------------------|---------|--------------------------|-------|
| <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$50  |
| <input type="checkbox"/> | \$500   | <input type="checkbox"/> | \$25  |
| <input type="checkbox"/> | \$250   | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | \$100   |                          | _____ |

### MONTHLY DONATION

- |                          |         |                          |       |
|--------------------------|---------|--------------------------|-------|
| <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$50  |
| <input type="checkbox"/> | \$500   | <input type="checkbox"/> | \$25  |
| <input type="checkbox"/> | \$250   | <input type="checkbox"/> | \$10  |
| <input type="checkbox"/> | \$100   | <input type="checkbox"/> | Other |
|                          |         |                          | _____ |

Mailing Address:  
8080 Bluebonnet Blvd., Ste. 1000  
Baton Rouge, LA 70810

\$5.00 per month minimum. Your monthly gift will be automatically deducted from your credit or debit card each month until you tell us to stop.