Donation:	Make c	heck pay	/able to	Burleith	Community Fund*	
		Fund (BCF) sor for proper			all donations are tax-deductible. Please	
Name:						
Street Address:			City:			
State:	State: Zip:		Email:			
		ation donati				
□ \$1,000	□ \$500	□ \$200	□ \$100	□ \$50	☐ Other, specify amount	
One dit One	ad Daywa		-	4l f - U		
	•	•			lowing additional info	
Name on Ci					_	
Credit Card Number:						
Credit Card Type (circle one): Visa, MasterCard, Amex; Expiration Date: Mo Yr						
Credit Card	Code:	(for Vis	a and MC	this is the I	ast 3 digits in the	
		signatı	ure area, fo	or Amex it's	s the 4 digits on the front)	
Billing Addre	ess (if differ	ent than at	oove):			
Street:						
		S		 _ Zip:		
Signature:						

Note: This form along with a check can be mailed to address at the top; Call box restoration donations can also be accomplished on-line via credit card at www.burleith.org