



BOYS & GIRLS CLUBS
OF CENTRAL MISSISSIPPI

PLEDGE FORM

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

I wish to invest \$ _____ in the children of the Boys & Girls Clubs of Central MS
OR I wish to invest \$ _____ *per year* over _____ years for a total of \$ _____.

GIVING OPTIONS:

CASH (do not mail) CHECK CREDIT CARD

VISA MASTERCARD AMERICAN EXPRESS

CARD # _____

EXPIRATION DATE _____

SIGNATURE _____

MONTHLY BANK DRAFT

BANK: _____

ACCOUNT # _____

ROUTING # _____

(1st set of numbers on bottom left of check)

AMOUNT \$ _____ START DATE _____

DRAFT DATE on the _____th of each month

FOR BANK DRAFT: *I hereby authorize the financial institution named above to pay my monthly contribution by charging each payment to my account and to make that deduction payable to the order of Boys & Girls Clubs of Central Mississippi (BGCCM). I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing.*

SIGNATURE _____ DATE _____

Strengthening our kids & our community.

Please mail to:

BGCCM
P.O. Box 3194
Jackson, MS 39207-3194

Phone: 601.969.7088, ext. 26
Fax: 601.969.7089
E-mail: info@bgccm.net
Web: www.bgccm.net

