



BOYS & GIRLS CLUBS OF CENTRAL MISSISSIPPI

**Invest in the future of our
community's children.**

NAME _____ DATE _____

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:

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 \$ _____

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 _____

Please mail to:

Boys & Girls Clubs of Central MS
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

*Thank you for
believing in us.*

