



SINCE 1866

BROOKLYN BUREAU OF COMMUNITY SERVICE

285 Schermerhorn Street | Brooklyn, NY 11217

Tel (718) 310-5624 | Fax (718) 855-1517

E-mail: donate@bbcs.org

DONATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-mail address _____

1) Amount enclosed (\$): _____ (Please make check or money order payable to Brooklyn Bureau of Community Service).

or

2) Please charge the following credit card:

- AMEX
- Visa
- MasterCard
- Discover

3) Credit Card #: _____

Name as it appears on credit card: _____

Expiration date: _____

4) My company matches my gift. I am enclosing or will send a matching-gift form.

My gift is in honor of _____

My gift is in memory of _____

Please notify the following persons of my gift:

Name and address _____

5)___ Please use my gift where it is most needed.

6)___ Please use my gift for the following program or services:

7)___ Yes, I am interesting in including the Brooklyn Bureau in my will. Please send information regarding Estate Planning.

8)___ Please contact me regarding volunteer opportunities within the Bureau.

9)___ Please send me additional information about the Brooklyn Bureau.

9)___ Please send information about the Brooklyn Bureau to the following person(s):

(Name and address): _____

Please mail form with your tax-deductible contribution to:

Development Office
Brooklyn Bureau of Community Service
285 Schermerhorn Street
Brooklyn, NY 11217