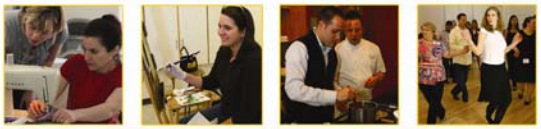
# BCAE



122 Arlington Street Boston, MA 02116 617.267.4430 www.bcae.org

Please choose one:

☐ Yes! I would like to make an unrestricted donation to the BCAE Annual Fund in the amount of $ _____

☐ Yes! I would like to make a donation to the BCAE Scholarship Fund in the amount of $_____

☐ Yes! I would like to make a donation to the BCAE Voucher Program in the amount of $_____

## DONOR INFORMATION

_____
FIRST NAME

_____
LAST NAME

_____
ADDRESS

_____
CITY STATE ZIP

_____
EMAIL

_____
DAY PHONE EVENING PHONE

_____ THIS DONATION IS IN HONOR OF: _____

_____ I AM ALSO A BCAE MEMBER!

## PAYMENT METHOD

___ Please charge $_____ to my (circle one): Visa MasterCard Discover American Express

_____/_____/_____ _____/_____
Number Exp. Date

## OR

___ Check enclosed for $_____ Please make checks payable to "BCAE"

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