

GIVING CIRCLES *Patron* DONATION FORM

Name(s): *(used for recognition purposes)* _____

Full Address: _____

Daytime Phone Number: _____ Other Phone: _____

Email: _____ *(Your personal information will only be used to communicate CCYSB matters.)*

Giving Circle Level:

- HEART CIRCLE: \$500 HARMONY CIRCLE: \$5,000 HEALING CIRCLE: \$15,000
 HUG CIRCLE: \$1,000 HEALTH CIRCLE: \$7,500 HERO CIRCLE: \$25,000
 HOPE CIRCLE: \$2,500 HONOR CIRCLE: \$10,000

thank you!

Notes: _____

We are fulfilling the entire commitment at this time Please send us an invoice on: _____
Date

We will pay the commitment on or before: _____
Date

Signature: _____ Date: _____

Payment Information:

- Our check is enclosed *(payable to "Carroll County Youth Service Bureau")*
 We would like to make the payment via credit card. *(Visa, MC and Discover only)*
(Please complete below OR call Andie at 443-244-8139 OR use PayPal.)



Credit Card Number: _____ (Visa, MC & Disc only)

Expiration Date: _____ (month/year) Security Code: _____

Please email, fax or mail this completed form to:

Carroll County Youth Service Bureau, Attn: Development Office
59 Kate Wagner Road, Westminster, MD 21157
Email: Mdolan@ccysb.org Fax: 410-876-3016



Thank you for helping us make our part of the world a better place.