



# Printable Donation Form

Black Administrators in Child Welfare **MAIL COMPLETED FORM TO:** BACW 8350 Frankstown Avenue Pittsburgh, PA 15221

Donation amount: \$ \_\_\_\_\_  Monthly  One-time

## BILLING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

**Donate by check:** Mail check and this form to BACW 8350 Frankstown Avenue, Pittsburgh, PA 15221.

**Donate by credit card:**

Please charge my credit card with my contribution of: \$ \_\_\_\_\_ *(All amounts will be charged in U.S. dollars.)*

Circle card type:    

Please print Card # using **Black** or **Blue** ink.

Exp. Date (MMYY)

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Name on card: \_\_\_\_\_ *Please print name clearly*

Authorizing signature: \_\_\_\_\_

### Are you dedicating this donation?

**No.**  
IIQ180788777

**Yes, my donation is in honor of** \_\_\_\_\_ *Name of individual*  
MHI190431001

**Yes, my donation is in memory of** \_\_\_\_\_ *Name of deceased*  
MMI190431001

Would you like BACW to send a card to someone as notification of your honor or memorial donation?

Your gift amount will not be included in the card.

No, do not send a card.

Yes, send a card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Personal message and signature (*maximum of 120 characters*):

\_\_\_\_\_  
\_\_\_\_\_

**DOUBLE YOUR IMPACT!** By using your employer's matching gifts program, you could double or triple your support to Black Administrators In Child Welfare. To check if your employer matches gifts to BACW. For questions: [bacw@asecondchance-kinship.com](mailto:bacw@asecondchance-kinship.com)