

Donor(s) Profile Card

Name: _____

If Applicable, partner/spouse name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

(Please print clearly zero as 0, one as 1)

I give permission to the BPCF to contact me via email **Yes** **No**

I would like my/our donations to remain anonymous **Yes** **No**

I would like my donations and those of my partner to be recognized jointly **Yes** **No**

If different than above, please indicate how you would like your name(s) spelled on the donor list:

(Example: Bill wishes to be recognized as William)

Do you donate to a family fund or special interest fund? **Yes** **No**

Name of Fund: _____

Are donor clubs important to you? **Yes** **No**

Do you wish to share your donor club achievement? **Yes** **No**

Donor testimonial or reason you donate to the BPCF:

Donor Clubs	
Donations	
\$500	– Community Supporter
\$1,000	– Friend of the Foundation
\$2,500	– Community Builder
\$5,000	– Heritage Club
\$10,000	– Foundation Benefactor
\$25,000	– Foundation Patron

I give BPCF permission to utilize my donor testimonial/reason I donate to the BPCF for promotional purposes.

Signature

By typing your name you are agreeing to allow BPCF to send you emails regarding upcoming events, newsletters and fundraisers and granting permission to utilize donor testimonial/reasons you donate to the BPCF for promotional purposes.