

BPAR Donation Form

I/we would like to make a one-time donation of:

\$50 \$100 \$250 \$500 \$1,000 Other:\$_____

I/we would like to make a monthly contribution of \$_____

Please charge my credit card monthly.

Name_____

Address_____

City/State/Zip_____

Phone_____

Email_____

Optional:

My/Our gift is in honor of_____

My/Our gift is in memory of_____

Payment Information

Credit Card Check (please make payable to Boston Post Adoption Resources)

VISA MasterCard Amex Discover

Card #_____

Exp. Date_____ CVC_____

Card Holder's Name_____

Authorized Signature_____

Please return this completed form with your enclosed contribution to:

Boston Post Adoption Resources

235 Cypress Street, Suite 310

Brookline, MA 02445

THANK YOU!