

MAY 8, 2007 COMMUNITY PRAYER BREAKFAST TICKET ORDER AND DONATION FORM

TICKETS & DONATIONS *(Please check one or more boxes)*

Yes! I will support the 2007 Community Prayer Breakfast by:

☐ Purchasing _____ tickets at \$10 each for myself and my guests \$_____

☐ Making a tax-deductible gift in the amount of *(enter donation amount)* \$_____ for students to attend at no cost to them and for defraying costs of the event. **Please print donor name as you would like it to appear in the program (this information must be received by April 13th to be printed in the program):**

*Please check here if you **do not** wish to have your name appear in the program donor listing (amounts are not listed).*

Enclosed is my payment (Total of above) \$_____

◇ Checks payable to **BCCF/Community Prayer Breakfast**

◇ *If total includes a tax-deductible gift and you wish to use a credit card, please complete the Credit Card Donation Form on the reverse side of this order form.*

Please mail my personal tickets to:

Name: _____

Address: _____

Phone or e-mail where you may be reached if questions about your order or donation

TABLE GREETER *(This opportunity is available to individuals who make a donation above their ticket purchase. Please check one appropriate box)*

I am (We are) available to be a Table Greeter at the event.

Please print name(s) for table greeter name tag

I am unable to serve as a Table Greeter at the event.

Please return with payment to:
Community Prayer Breakfast
P.O. Box 4363, Battle Creek, MI 49016-4363
269-969-2120

Thanks for your support!

(see reverse)

**BATTLE CREEK COMMUNITY FOUNDATION
CREDIT CARD DONATION FORM**

FOR 2007 COMMUNITY PRAYER BREAKFAST

This form should be completed only by donors who wish to pay their tax-deductible gift to the Community Prayer Breakfast by credit card.

Donor Name: _____
(As you would like it to appear in the BCCF Annual Report)

Please check box if you do not wish to have your name listed in the BCCF annual report.
(The annual report lists only the donor's name - **gift amount is kept confidential**)

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: (If you have one, this will serve as an instant receipt as soon as your gift is processed. If not, your gift receipt will be mailed.)

Gift Date: _____

Amount of Gift: _____

Credit Card Number*: _____

Type of Credit Card: (ex: Visa, Master Charge): _____

Expiration Date: _____

Fund to apply donation to: Community Prayer Breakfast

Please note any special comments. (Example: gift in honor or memory of an individual)

***Your credit card number will be deleted from this form upon payment verification.**