

MAY 11, 2010 COMMUNITY PRAYER BREAKFAST TICKET ORDER AND DONATION FORM

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

Yes! I will support the 2010 Community Prayer Breakfast by:

- ☐ Purchasing _____ tickets at \$10 each for myself and my guests \$ _____
(If you would like to Reserve a table, please see information below for Reserved Table requirements)

- ☐ 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 14th 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

RESERVED TABLES - We no longer require assigned table greeters. If you would like to reserve a table, you MUST purchase 10 tickets.

- ☐ I (We) have purchased 10 tickets and would like to reserve a table at the Prayer Breakfast.

Please print your name(s)

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 2010 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.**