

MAY 7, 2013
COMMUNITY PRAYER BREAKFAST
TICKET ORDER AND DONATION FORM

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

Yes! I will support the 2013 Community Prayer Breakfast by:

- Purchasing _____ tickets at \$15 each for myself and my guests: \$ _____
(If you would like to reserve a table, please complete the information below.)

RESERVED TABLES - **If you would like to reserve a table, you MUST purchase 8 tickets.**

- I (We) have purchased 8 tickets and would like to reserve a table at the Prayer Breakfast.

Please print your name(s)

- Making a tax-deductible gift in the amount of *(enter donation amount)*: \$ _____
This provides students the opportunity to attend at no cost to them and helps defray the costs of the event.

Please print the donor name as you would like it to appear in the program.
(This information must be received by April 15th 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) \$ _____**

◇ Check - Write checks payable to **BCCF/Community Prayer Breakfast.**

OR

◇ 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:

Please return with payment to:

Community Prayer Breakfast

P.O. Box 4363

Battle Creek, MI 49016-4363

269-969-2120

Thank You for your support!

(see reverse)

2013
BATTLE CREEK COMMUNITY FOUNDATION
CREDIT CARD TICKET AND DONATION FORM

This form should be completed only by those who wish to use a credit card for tickets and/or to give a tax-deductible gift to the Community Prayer Breakfast.

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.**

(see reverse)