

626 Jacksonville Road, Suite 140 Warminster, PA 18974 Phone: (215) 394-8259

BCHG DONATION FORM

| ☐ I want to support Bucks County Housing Group to help homeless and low-income families live better lives. | |
|--|--|
| NAM | E: |
| ADD | RESS: |
| | AIL: |
| PHO | NE #: |
| | Please add me to the email list so that I will receive regular BCHG updates. |
| He | re's my contribution of: |
| | \$1,000 |
| | My/Our check payable to Bucks County Housing Group is enclosed. |
| Ch | arge my: □ Master Card □ Visa □ American Express □ Discover |
| Ca | rd #: |
| Sig | nature: CID#: |
| Otl | ner Information: |
| | This Gift is in honor/memory of: |
| | Please notify: Name:Address: |
| | A Matching gift will be made by my company: |
| | Please include company forms. I would like to be contacted about including Bucks County Housing Group in my will and/or other ways I can plan my legacy. |
| | I would like this gift to remain anonymous. |

Thank you for your generous support!



To donate online, or for more information, please visit **www.BCHG.org**