



Donation Form

YES! I want to support the Boys & Girls Club! Please accept my gift of \$ _____

Name(s) of Donor: _____

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Tel: _____

This contribution is being given (Please check one): ☐ In Honor ☐ In Memory

Honoree's Name: _____

Please notify the following individual(s) of my gift to the Boys & Girls Club:

Name (s): _____

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Message: _____

☐ **My check is enclosed (Please make payable to Boys & Girls Clubs of Hudson County Foundation).**

☐ **Please charge my credit card.**

Credit Card Number _____ Exp. Date _____

☐ **My company, _____, will match this gift.**

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