

inistrators in Child Welfare MAIL COMPLETED FORM TO: BACW 8350 Frankstown Avenue Pittsburgh, PA 15221

State:   ZIP:   Home   Phone:   Cell   Phone	Donation amount: \$ 🗖 Mo				
Address:					
City					
Home phone:					
Donate by check: Mail check and this form to BACW 8350 Frankstown Avenue, Pittsburgh, PA 15221.  Donate by credit card: Please charge my credit card with my contribution of:  Please charge my credit card with my contribution of:  (All amounts will be charged in U.S. dollars.)  Circle card type:  VISA  Please print Card # using Black or Blue ink.  Exp. Date (MMYY)  Please print name clearly  Authorizing signature:  Are you dedicating this donation?  No. Iliq180788777  Yes, my donation is in honor of  MH190431001  Name of individual  Please print name findividual  Name of deceased  Would you like BACW to send a card to someone as notification of your honor or memorial donation?  Your gift amount will not be included in the card.  No, do not send a card.  Yes, send a card to:  Name:  Address:  City:  State:  ZIP:				ZIP:	
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Please charge my credit card with my contribution of: \$	☐ Donate by check: Mail check and this fo	orm to BACW 8350 Fran	ıkstown Avenue, Pit	tsburgh, PA 1	15221.
Please print Card # using Black or Blue ink.  Exp. Date (MMYY)  Name on card:  Please print name clearly  Are you dedicating this donation?  No. IQ180788777  Yes, my donation is in honor of  MH1190431001  Please print name of individual  Name of individual  Name of deceased  Would you like BACW to send a card to someone as notification of your honor or memorial donation?  Your gift amount will not be included in the card.  No, do not send a card to:  Name:  Address:  City:  State:  ZIP:					
Please print Card # using Black or Blue ink.  Exp. Date (MMYY)    Please print name clearly   Please print name clearly   Authorizing signature:			(All amounts	will be charged i	in U.S. dollars.)
Name on card:  Please print name clearly  Authorizing signature:  No. IIQ180788777  Yes, my donation is in honor of  MH190431001  Name of individual  Yes, my donation is in memory of  MM190431001  Name of deceased  Would you like BACW to send a card to someone as notification of your honor or memorial donation?  Your gift amount will not be included in the card.  Yes, send a card to:  Name:  Address:  City:  State:  ZIP:	Circle card type: AMERICAN DOSCOVER DISCOVER	A			
Are you dedicating this donation?  No.   IQ180788777  Yes, my donation is in honor of   Name of individual   Name of deceased   No., do not send a card to someone as notification of your honor or memorial donation?   Your gift amount will not be included in the card.   Yes, send a card to:   Name:   Address:   City:   State:   ZIP:   Name:   State:   ZIP:   Name:	Please print Card # using <b>Black</b> or <b>Blue</b> ink	k. Exp. Da	ate (MMYY)		
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Are you dedicating this donation?  No.   N		Please print nan			
□ No.					
IlQ180788777  ☐ Yes, my donation is in honor of	Are you dedicating this donation?				
□ Yes, my donation is in honor of  MHI190431001  □ Yes, my donation is in memory of  MMI190431001  Name of individual  Name of deceased  Name of deceased  Would you like BACW to send a card to someone as notification of your honor or memorial donation?  Your gift amount will not be included in the card.  □ No, do not send a card.  □ Yes, send a card to:  Name:  Address:  City:  State:  ZIP:					
□ Yes, my donation is in memory of	☐ Yes, my donation is in honor of				
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Name:	□ No, do not send a card.				
Address:State:ZIP:	☐ Yes, send a card to:				
	Name:				
Personal message and signature (maximum of 120 characters):	Address:	City:	Stat	.e:ZIP	)• •
	Personal message and signature (maximul	m of 120 characters):			

 $For \ questions: bacw@asecondchance-kinship.com$