CHESTNUT HILL BENEVOLENT ASSOCIATION

DONATION FORM

ENCLOSED IS MY GIFT OF:

$ _____ Where most needed

$ _____ Christian Science nurses training

$ _____ Sustaining Circle (minimum gift of $1,000)

$ _____ Total

METHOD OF PAYMENT:

☐ Check (payable to Chestnut Hill Benevolent Association)

☐ Credit Card (please circle one): Visa MasterCard Amex Discover

_____ _____ _____

Credit Card Number Expiration Date Card Verification Code

_____ _____

Name on Credit Card Cardholder's Signature

Please check one: ☐ One-time charge ☐ Monthly charge ☐ Quarterly charge

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name_____

Address _____

City / State / Zip / Country _____

Telephone_____ Email_____

MAIL TO:

Chestnut Hill Benevolent Association
910 Boylston Street, #122
Chestnut Hill, MA 02467

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development@chbenevolent.org