

BBSH YEAR 4 CLASS SCHOLARSHIP DONATION FORM

YES! I would like to help current Year 4 students in financial need complete the BBSH program.

_____ Enclosed is my check for \$ _____.
(Please make your check payable to "Our Weeping Angel Foundation".)

_____ I would like to donate by credit card. Amount: \$ _____.
(Please complete credit card information below or use our online donation system.)

DONOR INFORMATION:

Name: _____

Address: _____

E-Mail: _____

Telephone: _____

Affiliation (please check one):

_____ Current BBSH Student, graduating year: _____

_____ Friend/Family of BBSH Student

_____ Other (please explain): _____

CREDIT CARD DONATION

Card Type (please circle one): **Visa** **MasterCard** **Discover** **AMEX**

Card Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

Amount: \$ _____

Signature: _____ Date: _____

Return this form with your donation to:

Our Weeping Angel Foundation
190 Old Derby Street, Suite 100
Hingham, MA 02043 USA

THANK YOU!

Questions? Contact the *BBSH Class of 2010 Class Gift Committee*:
Kathryn (kcurio2@yahoo.com), Theresa (tdlitz@flymail.net),
Amy (loubalu@aol.com), or Jill (jarace@gmavt.net)