



THE BETHLEHEM ASSOCIATION

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DONATION FORM

I want to help Bethlehem and the Association!

Name _____

Address _____

Phone:

Home: _____ Office: _____ Cell: _____

E-mail: _____

Please use my total contribution of \$_____ as follows:

\$_____ for Charitable Fund & \$_____ for Scholarship Fund

Make checks payable to: The Bethlehem Association

Check # _____ Credit Card: Visa Mastercard

Exact name on card _____

Card #												Expiration Date

Signature: _____ **Date :** _____

Beth. Assoc. Tax ID: 23-2377526

Donation Form 2007.wpd/BA2007

A Non Profit Charitable and Cultural Organization