



GENERAL CONTRIBUTION FORM

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Pledge Information

One Time Gift Amount: \$ _____

Recurring Gift Amount: \$ _____

Paid: Annually Quarterly Monthly

Methods of Payment

Payment Options: Cash: Enclosed Yes No

Check: Enclosed Yes No

Paypal: *Make your payment on our website through our secure Paypal account at www.brantwoodchildrenshome.org*

Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____ - _____ - _____

Expiration Date: ___/___ Security Code: _____

*Authorized Signature: _____ Date: _____

Please make checks payable to:

Brantwood Children's Home
1309 Upper Wetumpka Road
Montgomery, AL 36107

All donations are tax-deductible in accordance with IRS Regulations.