



The Festive Affair



In support of The Salvation Army Staples Family Center Contribution Form

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Contribution / Monetary Donation

Amount of Donation	Method of Payment		
	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK #	<input type="checkbox"/> CREDIT CARD (Visa/MC only)

PLEASE MAKE CHECKS PAYABLE TO: The Salvation Army Staples Family Center

Credit Card and Payment Plan Option:

Visa MasterCard

I authorize the following payment OR ongoing contribution to The Salvation Army Staples Family Center. (Your credit card statement will reflect a charge from the Builder & Remodelers Association). Ongoing contribution payments will be charged on the 1st of each month for the amount of months indicated.

Start Date: _____ End Date: _____

Monthly \$ _____ for _____ months

Card Number: _____

Expiration Date: _____ Sec. Code: _____

Billing Address and Zip Code: _____

Name on Card: _____

Signature: _____

MAIL OR FAX YOUR PAYMENT TO:

Please return this form to **BRAG Ann Arbor, 179 Little Lake Drive, Ann Arbor, MI 48103**
or fax to **734-996-1008**.
