



YES! I would like to become
a part of the BCT family with my
tax-deductible donation.

Name _____ As you would like it to appear in our program
If you prefer not to be listed, please check here

Address _____

City _____ **State** _____ **Zip** _____

Email _____

_____ **Support Level** _____

- | | |
|---|---|
| <input type="checkbox"/> Sustainer (\$2500+) | <input type="checkbox"/> Patron (\$100-249) |
| <input type="checkbox"/> Benefactor (\$1000-2499) | <input type="checkbox"/> Sponsor (\$50-99) |
| <input type="checkbox"/> Guardian (\$500-999) | <input type="checkbox"/> Friend (\$20-49) |
| <input type="checkbox"/> Supporter (\$250-499) | |

_____ **Method of Payment** _____

- | | |
|--|---|
| <input type="checkbox"/> CHECK ENCLOSED
Please complete this form,
make check payable to BCT
and return to: P.O. Box 23
Buffalo, MN 55313 | <input type="checkbox"/> PAY BY CREDIT CARD
Donate via the BCT website:
bctmn.org |
|--|---|

Thank you for joining our family!