

A Capital Improvement Campaign for Our Parishes, Our Schools & Our Community

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Yes, I/we will support the Capital Improvement Campaign. My/Our total financial commitment to the capital stewardship campaign will be:

\$ _____ \$ _____ \$ _____
Total Initial Payment Balance

☐ Please send me/us information about gifts of stocks and securities, gifts-in-kind, planned gifts, or about including BCACS in my estate plan.

☐ I have enclosed a matching gift form from my employer.

Signature: _____ Date: _____

My/Our commitment will be paid over a period of: ☐ 1 or ☐ 2 years
beginning in _____ (month) of 2019.

Please bill me/us in equal installments (payments):

☐ Annually

☐ Semi-Annually

☐ Quarterly

☐ Monthly

☐ Other (please specify) _____

Please make your contributions payable to:

BCACS Foundation

63 North 24th Street, Battle Creek, MI 49015

www.bcacs.org • 269.963.4771

Thank you for your support.