



Remittance Form

Date: _____

General Contribution: _____

Memorial Contribution: _____

Your Name:	Daytime Phone #:
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___ Individual ___ Organization ___ Business

Name			
Mailing Address			
City, State, ZIP			
Email Address			
Amount:	\$		
If the donation was the result of an event or events, please detail activities and estimate the total number of volunteer hours expended.			Total Hours:

Memorial Contribution

Honoring: (Mr.Mrs.Ms.)

To whom should acknowledgement be sent?			
Address:			
City, State, ZIP:			

May we add you to our contact list? Yes No

May we have permission to acknowledge your contribution on-line at the BVL website?

Yes No