

Yes, I wish to contribute \$ _____ to the **Children's Charities of the Bluegrass.**

Contributor (X) _____

VISA MC AMEX DISC

Account Number _____/_____/_____

Expiration Date _____/_____/_____ Check# _____ Cash _____

Phone # _____/_____/_____ email _____

Date _____/_____, 20____ Item _____

Cardholder acknowledges receipt of good and/or in the amount of the Total shown hereon and agrees to perform the obligations set forth in forth in the Cardholders agreement with the issuer.



Name _____

Address _____

City, St, Zip _____

Thank you for your support of the
Children's Charities of the Bluegrass.

Signed _____

Children's Charities of the Bluegrass

P O Box 910605

Lexington, KY 40591-0905

childrenscharitybg.com