

Tax Deductible Contribution Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

_____ **Active Employees Payroll Deduction:** \$ _____ per pay period.

I authorize my employer to deduct my contribution per pay period.

Signature: _____

\$ _____ **Retiree Post Credit Union Share Transfer:** *Separate Credit Union form required*

_____ **Securities:** Stocks, Annuities, Insurance Policies, or other.

_____ **Bequest:** Name the Post Foundation as a beneficiary in your will or trust.

\$ _____ **Check Enclosed:** Please make checks payable to **BCCF-Post**.

\$ _____ **Credit Card Donation:** Please complete the information below.

To make an online contribution, please visit www.bccfoundation.org

Charge my gift to my credit card. (check one)



Card Number: _____ - _____ - _____ Expiration Date: _____

Signature: _____

The Post Foundation has partnered with the Battle Creek Community Foundation who will serve as a permanent local repository of the assets of the Post Foundation of Battle Creek.

Please send this form and all contributions to:

Battle Creek Community Foundation

32 W. Michigan Avenue, Suite 1, Battle Creek, MI 49017