



Office Use Only: Date Received: _____ Check #: _____
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## Remittance Form

Date: \_\_\_\_\_

General Contribution: \_\_\_\_\_

Honor Contribution: \_\_\_\_\_

Your Name:	Daytime Phone #:
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Organization (if applicable):	
Street Address:	
City, State, ZIP:	
Email Address:	
Amount:	
May we add you to our contact list? <input type="checkbox"/> Yes	

Honor Contribution

Honoree: (Mr.Mrs.Ms./Rank)

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

May we have permission to acknowledge your contribution on-line at the BVL website? Yes  No

**Remittance Forms must be postmarked no later than May 31 for credit to the current fiscal year totals.**

Please remit to: