



## Yes! I would like to enroll to become a member of the **Boylan Society**.

You can share in our commitment to support Brooklyn College in providing quality higher education to deserving students. When you join the Boylan Society, your gift will be transferred conveniently each month from your checking or credit card account directly to the Brooklyn College Foundation. A record of each gift will appear on your monthly bank or credit card statement.

You may increase, decrease, or suspend your gift at any time by contacting the foundation at **718.951.5074**, or by mailing to:

Brooklyn College Foundation  
2900 Bedford Avenue  
Brooklyn, NY 11210-2889

All gifts provided to the Brooklyn College Foundation, originating as ACH transactions, comply with U.S law. Here's how to join:

- Fill out the bottom portion of this form, indicating the amount that you want to contribute each month.
- Be sure to sign your name and include the date.
- Mail form to the Brooklyn College Foundation (mailing address above) with a check for your first month's gift or your credit card information. Your gifts will begin transferring in about four weeks.

Record your monthly gift amount here and keep this portion for your records:

\$ \_\_\_\_\_

**Yes!** I would like to enroll to become a member of the **Boylan Society**.

I want to make a monthly contribution to the Brooklyn College Foundation in the amount of:

**\$10**      **\$20**      **\$30**      Other: \$ \_\_\_\_\_

On the      1<sup>st</sup> or      15<sup>th</sup> of each month

**For ACH payment option:** Enclosed is a check for my first month's gift. Please transfer my monthly gifts from my checking account. I understand that my future gifts will be transferred directly from my account.

**OR**

**For CC payment option:** Here is my credit card information. Please transfer my monthly gifts from my credit card. I understand that my future gifts will be transferred directly from my credit card. **We accept VISA, MasterCard and American Express.**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please Print:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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**Thank you for your generosity!**