



Date: _____

Village in the City

BURLEITH CITIZENS ASSOCIATION

P.O. Box 32262, Calvert Station | 2336 Wisconsin Avenue, NW | Washington, DC 20007-9996 | www.burleith.org | BCA@burleith.org

Donations: Make checks payable to Burleith Community Fund (BCA)*

* Donations to the BCF (a 501c3) are tax-deductible. Please consult with your tax advisor for proper treatment of the donation.

Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Select donation amount:

\$1,000 \$500 \$200 \$100 \$50 Other, specify amount _____

Membership: Make checks payable to Burleith Citizens Association

Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Select Membership Category:

Memberships: Patron, \$250; Advocate, \$100; Sponsor, \$50;
 Household, \$25; Senior, \$15;

Select Membership Type: Resident; Non-Resident: Landlord; Corporate; Other

I would like to help with: Newsletter; Summer picnic;

Children's Events; Fall/Spring Cleanups;

Other Interests, comments, suggestions: _____

Preferred name for newsletter (last name first): _____

(Examples: Washington, George - Washington, George & Martha - Washington Family - Rodham/Clinton, Hillary/Bill - Rodham, Hillary; Clinton, Bill)

Credit Card Payment Option: Fill in the following additional info

Name on Credit Card: _____

Credit Card Number: _____

Credit Card Type (circle one): Visa, MasterCard, Amex; Expiration Date: Mo _____ Yr _____

Credit Card Code: _____ (for Visa and MC this is the last 3 digits in the signature area, for Amex it's the 4 digits on the front)

Billing Address (if different than above):

Street: _____

City: _____ State: _____ Zip: _____

Signature: _____

Note: This form along with check(s) can be mailed to address at the top; Donations and new or renewal memberships can be accomplished on-line via credit card at www.burleith.org