



## CRIMSON PRIDE CLUB CONTRIBUTION FORM

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

*Yes, I will contribute to the Crimson Pride Club at BSC*

- Enclosed is my gift of \$ \_\_\_\_\_  
(Make Check or Money Order made payable to *BSC Foundation / Athletics*)
- Or if making your gift by Credit Card, please circle

American Express    MasterCard    Visa

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*Thank you for your gift to the Crimson Pride Club:*  
**ALUMNI SUPPORT. STUDENT-ATHLETES ACHIEVE.**

***To ensure proper credit, please print and fill out the required fields\* and mail this form with your payment to:***

Bridgewater State College Foundation  
P.O. Box 42  
Bridgewater, MA 02324-0042  
508.531.6148

***Your gift is tax deductible as allowed by law.***