BICSI Cares Donation Form

You can make a difference in the life of a child.

Credit card number

Thank you for considering a donation to BICSI Cares. One hundred percent of your contribution will go toward assisting a children's charity sponsored by BICSI Cares.

Last name	First name	Middle initial	conference and percent of the to a local child BICSI Cares, Ir	contributions
Home address	Street or P.O. box	Apartment number	as a 501(c)(3) in the United S	corporation
City	State/Province		in the United S more about Bl www.bicsi.org	
Zip/Postal code	Country			
Daytime phone	Mobile phone	_		
Email				
Donation \$	_ Thank you for your donati	on.		
				y 2012. All rights reserved. demark of BICSI, Inc.
Payment Section Please make all checks payable to BICSI Cares in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Department for instructions on wiring funds.) For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead. Credit cards are processed in U.S. dollars. Total to be paid Check or Money Order Enclosed MasterCard American Express Discover				Internal Use Only
Cardholder name (as the name appears on the credit card) Cardholder signature				

Expiration date

Card billing zip code (required)

Bicsi

BICSI Cares, Inc. is the charity arm of BICSI, which collects donations at each BICSI