

Contribution Form



Name _____

Amount \$ _____ Date _____

Mailing Address _____

City, State Zip _____

Phone _____ Email _____

For personal credit card contributions, please complete the information below.

Card Number _____ Type _____ Exp Date _____

Name on card _____ Amount \$ _____

Signature _____ Date _____

Please make your contribution payable to Boston Bill Foundation, Inc.

Attach this form with payment and mail to

Boston Bill Foundation, Inc.
530 ½ 23rd Ave. No.
St. Petersburg, FL 33704

Thank you.

Boston Bill
(727)433-0065
bostonbill2008@gmail.com