



BHAAA

Beverly Hills Athletic Alumni Association

DONATION

Name _____ Company _____

Address _____ City/State/Zip: _____

Phone _____ E-Mail: _____

Enclosed is my check for the amount of \$ _____, payable to BHAAA

Please charge my Visa/Mastercard/American Express for the amount of \$ _____

Account# _____ Exp. Date _____

Billing Address _____

Signature: _____

**Mail Completed Form to: BHAAA,
269 S. Beverly Dr. #694, Beverly Hills, CA 90212**

For additional information visit our website at www.bhaaa.org or call 310-385-0679

BHAAA is a 501(c)(3) non-profit organization. City of Beverly Hills Solicitations permit on file.