



Donation Form

Donor Information

Name _____

Billing Address _____

City, State, Zip Code _____

Phone _____

Email _____

Donation Information

I (we) are donating a total of \$ _____

This donation is from an event (event name/series) _____
(if applicable)

I (we) are making this donation on behalf of/in the name of _____
(if applicable)

This donation is for the following (please choose only one):

- ☐ The USBG National Charity Foundation General Fund
- ☐ The Bartender Emergency Assistance Program (BEAP)
- ☐ COVID-19 Relief Campaign
- ☐ The Helen David Relief Fund (HDRF)

Please make checks payable to:

USBG National Charity Foundation

Please include in the memo section:

General Fund **or** BEAP **or** COVID-19 **or** HDRF

Please mail checks to:

The USBG National Charity Foundation
2654 W Horizon Ridge Parkway, Suite B5 PMB 252
Henderson, NV 89052-2803

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

☐ I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please include a signed copy of this form with your donation