



Black Business Association Donation Form

Campaign: Feed Our Community Program

Donation Amount: \$ _____

Donor First Name: _____ Donor Last Name: _____

This is an Individual Donation Yes No

Organization: _____ Company _____

Individual/Organization/Company Address: _____

Individual/Organization/Company City: _____

Individual/Organization/Company State: _____

Zip Code: _____

Individual/Organization/Company Phone: _____

Individual/Organization/Company Email: _____

Can we acknowledge and list you as one of our donors for this program? YES NO

WE REALLY APPRECIATE YOUR SUPPORT IN THIS EFFORT!!!

Make checks payable to and mail with this form to:

Black Business Association

P.O. Box 43159

Los Angeles, CA 90043

To pay via credit card, Go to our website: www.bbala.org/donate

You can contact our office

Phone: (323)291-9334

Fax: (323)291-7820

bbamail2009@gmail.com