

HOUSE OF ORANGE

Amount of Gift \$ _____

Make checks payable to:

Beatrice Educational Foundation

320 North 5th St.

Beatrice, NE 68310

Initial Payment \$ _____ Check Number _____

Balance \$ _____

Memo:

BHS Multi-Use Complex

I/We prefer to pay the balance over 5 years as follows:

Monthly

Quarterly

Semi-Annually

Annually

I/We will make first payment on _____

Name _____

Address _____ City _____ State _____ Zip _____