



**2023 MID-ATLANTIC BETHUNE-HEIGHT RECOGNITION PROGRAM
PAYMENT SUBMISSION FORM**

Name of Affiliate/Section _____ Date _____

Your Name _____ Telephone Number _____

Please attach this form to all money turned in at meetings and via mail. Use additional forms as needed.

Checks for Life Membership and Legacy Life Membership ONLY should be made payable to: NCNW, Inc. All other checks are payable to: Bethune-Height Recognition Program (BHRP). **Mailing Address for all payments: BHRP, P.O. Box 12174, Silver Spring, MD 20908, or you may use the BHRP PayPal account marbhrpncnw@gmail.com by following included instructions.**

Lunch Tickets-\$75.00				Total Amount: \$
Cash	\$	# Tickets		
Checks	\$	Collegiate Donation - \$50		
Raffle Tickets- \$10 per Book		Committee members that are Raffle Achievers may not enter the drawing. Raffle winners must be over 18 years of age.		Total Amount: \$
Cash	\$	# Raffle Tickets		
Checks	\$			
Souvenir Journal Ads				Total Amount: \$
Cash	\$	# Full Page - \$150		
Checks	\$	# Half Page - \$125		
		#Quarter Page - \$75		
		# Business Cards - \$40		
		# Patrons/Supporters - \$20		
Legacy-Life Membership / Life Membership / Achiever				Achiever: \$
Cash	\$	# Achievers- \$300		Life: \$
		Are you using Raffles to Achieve?		Legacy-Life: \$
Checks	\$	# Life Memberships - \$500		Total Amount: \$
PayPal	\$			
		# Legacy-Life Memberships - \$1000		
Achiever Name <i>(attach additional sheet if necessary)</i>				
Life Member Names <i>(attach additional sheet if necessary)</i>				
Legacy-Life Member Names <i>(attach additional sheet if necessary)</i>				
Circle One: Vendor (\$150) Payment		Other Payment (Specify)		Vendor: \$
Cash	\$	# Vendor Name(s)		Vendor Meal: \$50
Checks	\$	# Other		Other: \$
				Total Amount \$
Comments:				

Total Amount Turned In \$ _____