



Board of Ambassadors Membership Form Fiscal Year 2019

Name _____

Please check membership level:

- Board of Ambassadors Circle - \$5,000
- BOA Gold Membership - \$3,500
- BOA Silver Membership - \$2,500
- BOA Bronze Membership - \$1,500
- Friend - \$1,000
- I wish to partner with OMNI to make a difference in the lives of young people with a gift of \$_____.

- I would like to make a one-time payment
- I would like to spread my payments out over time.
 - One Time
 - Semi - Annual
 - Quarterly
 - Monthly

CHECK DISCOVER VISA MASTERCARD

CARD NUMBER _____

Expiration Date _____ Security Code _____

Signature _____

Return to:
Chrissy Trilling-Raices
Director of Development Operations
OMNI Youth Services
1111 Lake Cook Road
Buffalo Grove, IL 60089
O: 847.353.1606 Private Fax: 847.353.1607
ctrilling@omniyouth.org

Gifts can also be made online at www.omniyouth.org!
Thank you for your generous support!