Make a Difference in a Kid's Life!

| Your name: | |
|-----------------------|--|
| Address: | |
| City/State/Zip: | |
| I'd like to make a co | ontribution to the BEA Fund for Needy Kids |
| in the amount of \$_ | • |
| This contrib | nution is made (circle one) in honor of / in memory of |
| An acknowledgeme | nt should be sent to: |
| Name/Relationship: | |
| Address: | |
| City/State/Zip: | |

Please attach your check made out to BEA Fund for Needy Kids. Send your check and this form to the BEA office:

BEA 510 N. 29th Street Billings, MT 59101

Thank you so very much.



You have just made a difference in a kid's life!