

# LifeLink Legacy Fund®



## DONATION FORM

### INFORMATION:

Company Name (if applicable): \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number:  h  w  c \_\_\_\_\_

Email Address:  h  w \_\_\_\_\_

### DONATION AMOUNT:

- \$25.00       \$75.00       \$150.00       \$250.00  
 \$50.00       \$100.00       \$200.00       Other \$ \_\_\_\_\_

### PAYMENT METHOD:

Check enclosed in the amount of \$ \_\_\_\_\_

*Please make checks payable to the LifeLink Legacy Fund® and mail to the address below.*

Charge my credit card

*Currently we can only accept credit cards with United States or Canadian billing addresses*

Card Type:  VISA     MasterCard     American Express     Discover

Name as appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### GIFT DETAILS:

I would like to make this gift in  honor or  memory of \_\_\_\_\_

Please send gift acknowledgement to:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please return completed forms to the LifeLink Legacy Fund at the address below.**

