



DONATION FORM

Business Name _____

First Name _____ Last Name _____

Address _____

City/State/Zip _____

Business Phone _____ Cell Phone _____

Email _____ Website _____

Enclosed is my tax-deductible gift of \$: _____

RECURRING: ☐ MONTHLY ☐ QUARTERLY
☐ SEMI ANNUAL ☐ ANNUAL

Please use these FEE FREE options for monetary donations:

☐ CASHAPP \$CHARITYLLF ☐ VENMO @CHARITYLLF ☐ ZELLE LONGLIFEFRIENDS ☐ CASH ☐ CHECK

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

****WIRING INSTRUCTIONS AVAILABLE UPON REQUEST****

Scan to Donate



Additional Donations:

- | | |
|---|---|
| ☐ BICYCLE(S) \$: | ☐ WOMEN WORK CLOTHES \$: |
| ☐ LAPTOP(S) \$: | ☐ WOMEN WORK SHOES \$: |
| ☐ VEHICLE(S) \$: | ☐ MEN WORK CLOTHES \$: |
| ☐ OTHER TECHNOLOGY \$: | ☐ MEN WORK SHOES \$: |
| ☐ MOTORCYCLE(S) \$: | ☐ CHILDREN'S CLOTHES \$: |
| ☐ OTHER ASSETS \$: | ☐ CHILDREN'S SHOES \$: |
| ☐ REAL ESTATE \$: | <u>IRS SECTION 170 BARGIN SALE PROGRAM AVAILABLE</u> |

SILENT ☐ _____
AUCTION: ☐ _____
CELEBRITY ☐ _____
AUCTION: ☐ _____

SIGNATURE: _____ DATE: _____