

My Charity

DONOR INFORMATI	ON (Parent or Guardian)			
MR/MRS/MS/DR FIRST N	I I I I I I I I I I I I I I I I I I I	MI LAST NAME		
HOME ADDRESS NUMBER S	STREET		APT. CITY	STATE
ZIP F		up to date about how my contribu	tion improves lives)	MOBILE PHONE (for billing questions)
COMPANY NAME			BRANCH LOCATION	EMPLOYEE ID NUMBER
CHARITY SELECTION Supporting a specific c				
Charity Name:				
Charity ID (if available):	: [
Address:				
Comments:				
LEMONS TO LEMON Names of social entrepren				
Name 1			Name 2	
Name 3			Name 4	
DONATION Payment Form:				
CHECK			CREDIT CARD	
Please make check pay	able to "Charity Name"			
			CARDHOLDER'S NAME	
Amount collected	\$		CREDIT CARD #	
Please include Charity I	D in check reference (If available)	EXPIRATION DATE	CID# (3-or 4-digit number on the back of your credit card)
			○ AMEX ○ MasterCard	d 🔾 Visa 🔘 Discover
			Billing zip code (required	d)
Required:				TI I \/ I
Signature _			Date	ThankYou!

No compensation, goods or services have been given to the donor in return for their contribution. Important tax information: Gifts made to charities are tax deductible within the limits of current law. Please keep your copy of this pledge form. It will serve as a record of your donation to meet IRS regulation.



Please send this form and payment to your charity

