**Donor Form**

**Personal Information**

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_**Please send me updates about Loving the Unique You by:** * **Email**
* **Mail**
* **No updates, Thanks**
 |

**Donation Information**

|  |
| --- |
| Monthly Gift Amount: * $50
* $100
* $250
* Other: $\_\_\_\_\_

Process my donation on the: * 1st
* 15th of each month
* Do NOT process my donation, I will be making the monthly contributions on the following date:\_\_\_\_\_ by

I prefer to give by: * Credit Card (Please fill out the **credit card** section below)
* If you will be sending in a check, please write the **check** to *Loving the Unique You* and mail to …………
 |

**Credit Card**

|  |
| --- |
| Card Type: Visa \_\_\_\_\_\_\_ MasterCard\_\_\_\_\_\_\_\_ American Express\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date (mm/yy): \_\_\_\_/\_\_\_\_Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_  |