**Donor Form**

**Personal Information**

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| 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**

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| 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**

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