



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:

☐ CASH ☐ CHECK ☐ CASHAPP \$LLFCHARITY ☐ VENMO @LLFCHARITY

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Scan to Donate

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****



Additional Donations:

<input type="checkbox"/> BICYCLE(S) \$:	<input type="checkbox"/> WOMEN WORK CLOTHES \$:
<input type="checkbox"/> LAPTOP(S) \$:	<input type="checkbox"/> WOMEN WORK SHOES \$:
<input type="checkbox"/> VEHICLE(S) \$:	<input type="checkbox"/> MEN WORK CLOTHES \$:
<input type="checkbox"/> OTHER TECHNOLOGY \$:	<input type="checkbox"/> MEN WORK SHOES \$:
<input type="checkbox"/> MOTORCYCLE(S) \$:	<input type="checkbox"/> CHILDREN'S CLOTHES \$:
<input type="checkbox"/> OTHER ASSETS \$:	<input type="checkbox"/> CHILDREN'S SHOES \$:
<input type="checkbox"/> REAL ESTATE \$:	<i>IRS SECTION 170 BARGIN SALE PROGRAM AVAILABLE</i>

SILENT	<input type="checkbox"/>	_____
AUCTION:	<input type="checkbox"/>	_____
CELEBRITY	<input type="checkbox"/>	_____
AUCTION:	<input type="checkbox"/>	_____

SIGNATURE: _____ DATE: _____

LONG LIFE FRIENDS CHARITY ^{*501(c)3*}



www.longlifefriends.org

IMMEDIATE RESPONSE TEAM
424.253.4582 help@longlifefriends.org