

Long Life Friends Charity

O-T-H-E-R-S = Opportunities To Help Establish Resources & Support

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 ☐ ONLINE BANKING ZELLE TO help@longlifefriends.com

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) _____

Scan to Donate



Additional Donations:

<input type="checkbox"/> BICYCLE(S) \$:	<input type="checkbox"/> WOMENS WORK CLOTHES \$:
<input type="checkbox"/> LAPTOP(S) \$:	<input type="checkbox"/> WOMENS WORK SHOES \$:
<input type="checkbox"/> CAR(S) \$:	<input type="checkbox"/> MENS WORK CLOTHES \$:
<input type="checkbox"/> OTHER TECHNOLOGY \$:	<input type="checkbox"/> MENS 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>

RECYCLING PROGRAM:

☐ TECHNOLOGY, JUNK VEHICLES, ETC.
☐ PLASTIC BOTTLES, GLASS BOTTLES AND ALUMINUM CANS
PICK UP: ☐ 1X WEEKLY ☐ 2X WEEKLY

START DATE:

PICK UP

DAY(S): ☐ ONE TIME ☐ WEEKLY ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SAT

SIGNATURE: _____ DATE: _____