Single Donor Contribution Form



DONOR INF	ORMATION									
O Member (Non-Member	O Club	O District	/Multiple District	O C	Company Foundation				
Name						Member ID				
Email						Phone				
Address	·····									
Address 2										
					_ State/Province					
ZIP/Postal Code					Country					
Club Name					Club #					
District Name	District Name									
The LCIF Supporter recognition is an annual program that recognizes three levels of support: Bronze Pin - US\$50 to US\$99.99 Silver Pin - US\$100 to US\$199.99 Gold Pin - US\$200 and above O Yes! In addition to receiving MJF credit, I would like to receive Presidential LCIF Supporter recognition for my donation. Note: The supporter pins will be shipped to the member preferred address.										
RECIPIENT (OF RECOGNI	TION								
O Same as Do	Same as Donor O Member O Non-Member O Former Member O Memorial Donation (details below)									
Type of recognition requested (check one)										
None requested										
Please write name of individual to be honored as it should appear engraved on the plaque.										
Recipient First Name					Recipient Last Name					
Family name if memorial plaque is requested for a companion letter to the plaque.										
Recipient Member ID #				F	Recipient Club #					
Recipient Club Name			F	Recipient District Name						

Amount of Contribution		Donor wou	uld like MJF credit OYES ONO						
WHAT CAUSE WOULD YOU LIKE TO SUPPORT?									
EMPOWERING SERVICE FUND		O DISASTER RELIEF FUND							
A donation to LCIF and all the causes the for	undation supports.	A donation to LCIF specifically reserved for disaster relief.							
Please note that donations to the Disaster Relief Fund, club and corporate plaques, and Multiple District donations are not eligible to receive District and Club Community Impact Grants.									
DONATION FREQUENCY (choose one)									
Monthly	OAnnually		One-time						
My monthly donation is to be	My annual donation is to be		My one-time payment is to be						
US\$	US\$		US\$						
CREDIT CARD (please print)									
O VISA O MC O AMEX O Discover									
Card #		Exp. Date (mm/yy)							
Name on Card		Security Code							
SHIPPING INFORMATION (If requesting Recognition)									
SHIP TO: (P.O. Boxes are not accepted and	l all fields are require	ed.)							
First Name		Last Name							
Address									
City		State/Province							
ZIP/Postal Code		Country							
Phone		_ Email							
A Tax ID# is necessary in various countries for compliance purposes. Examples include India's Know Your Customer (KYC), Brazil's Cadastro de Pessoas Físicas (CPF), Bangladesh's National Identity Card (NID) and Korea's Residential ID. If required, please identify your Tax ID#:									
Special Instructions/Notes									
Signature		Month/Day/Year							

Please email your completed form and copy of donation deposit information to donorassistance@lionsclubs.org.



CONTRIBUTION DETAILS