Donation Form

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

### Donation Information

I would like to donate a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I plan to make this contribution in the form of: cash check In-Kind Donation.

|  |  |
| --- | --- |
| Check # | Check date |  |
| In-Kind donation item / service |  |
| Schedule pick up or mail |  |

Gift will be matched by (company/family)

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Please make checks, corporate matches, event tickets or other gifts payable to: Loving Embrace Foundation |  | Loving Embrace Foundation1111 W. Mockingbird Ln. Ste. 830Dallas, TX 75247 |

Sponsorship logos may be sent in vector format to:

info@lovingembracefoundation.org