Printable Donation Form

MAIL COMPLETED FORM TO: PO BOX 4341 • Louisville, KY 40204

Donation Amount $_____ ☐ Monthly ☐ One-time

Are you making this gift anonymously? ☐ No ☐ Yes

BILLING INFORMATION

Name: _____

Address: _____

City: _____ State:_____ ZIP:_____

Home phone: (_____)_____ Cell phone: (_____)_____

Email Address: _____

☐ Donate by check: Mail check and this form to PO BOX 4341 • Louisville, KY 40204

☐ Donate by credit card:
Please charge my credit card with my contribution of: $_____ *(All amounts will be charged in U.S. dollars.)*

Circle card type: VISA MasterCard DISCOVER NETWORK AMERICAN EXPRESS

Please Print Card # using Black or Blue ink. Exp. Date (MMYY)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

Name on card: _____
(Please print name clearly)

Authorizing Signature: _____

Are you dedicating the donation?

☐ No.

☐ Yes, my donation is in honor of _____
(Name of individual)

☐ Yes, my donation is in memory of _____
(Name of deceased)

Would you like the Louisville Pride Foundation to send a card to someone as notification of your honor or memorial donation? Your gift amount will not be included in the card.

☐ No, do not send a card. ☐ Yes, send a card to:

Name: _____

Address: _____ City: _____ State: ____ Zip:_____

Personal message and signature (maximum of 120 characters):

_____

_____