



— KIDS SERVING KIDS —

Help us sweeten the lives of children facing medical, personal, and economic hardships

CONTACT

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company: _____ Title/Position: _____ Phone: (____) _____

Email(s): _____

GIFT INFORMATION

Please Process my Gift: One-time Monthly Semi-annually Annually

Please Process my Gift on the: 1st of the month 5th of the month 10th of the month
 15th of the month 20th of the month 25th of the month

Please apply my gift to: \$_____ General Fund \$_____ 7th Annual Payton's Lemonade Stand

Please process my first gift on ____/____/____(mm/dd/yyyy)

Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift ___ Anonymous Donation





In Memory/Honor of: _____

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. *OR*

My credit card information is listed below for my gift. Please transfer my gift from my credit card.

Card Number _____ Expiration Date ____/____    

Yes! I wish 100% of my donation amount to go to Payton's Lemonade Stand. I would like to pay the 3% credit card or \$0.25 ACH processing fee associated with my donation.

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at paytonlemonadestand.org or by contacting Payton's Lemonade Stand by phone or mail. All donations provided to Payton's Lemonade Stand comply with U.S. Law.

For Office Use Only	
\$ _____	Processing Fee Amount (3% for Credit Card gifts or \$0.25 for Checking Account gifts)
\$ _____	Total Donation Amount (required)(Donation Amount specified above + Processing Fee Amount)

Signature (Required) _____ Date _____