



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: ☐ 1<sup>st</sup> of the month ☐ 5<sup>th</sup> of the month ☐ 10<sup>th</sup> of the month  
☐ 15<sup>th</sup> of the month ☐ 20<sup>th</sup> of the month ☐ 25<sup>th</sup> of the month  
Please apply my gift to: \$ \_\_\_\_\_ General Fund \$ \_\_\_\_\_ 8th Annual Payton's Lemonade Stand  
\$ \_\_\_\_\_ Birthday Bundle  
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 [paytonslimonadestand.org](http://paytonslimonadestand.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 \_\_\_\_\_

Please make a copy of this form for your records or you can request a copy from Payton's Lemonade Stand  
Payton's Lemonade Stand • PO Box 367, Miamitown, OH 45041 • (513) 478-6107 • [paytonslimonadestand.org](http://paytonslimonadestand.org)