



Financial Contribution Form

Please print, complete and send this form with your financial contribution.
Please note, to receive an acknowledgement may take up to 90 days.

♥ Donor Information (please print or type)

Name _____
Address _____ Suite/Apt _____
City _____ State _____ Zip _____
Country _____ Telephone _____
Today's Date _____

♥ Contribution Information

I would like to donate: ___ \$25 ___ \$50 ___ \$75 ___ \$100 \$ _____ Other



I would like to Sponsor a Locks of Love child
_____ \$1,000



Payment type: ___ American Express ___ Visa ___ MasterCard ___ Check/MO

Credit card #: _____ Exp. Date: _____

Name as it appears on card: _____

Please make all checks or money orders payable to: *Locks of Love*

♥ Dedication Information (If applicable)

Dedicate my donation: ___ In Honor of ___ In Memory of Name: _____

Mail additional card to: _____

Thank you for your contribution!