



Donation Form

Yes! I would like to give a 2016 year-end give to Lemonade International.

Donor Information

Name _____

Billing address _____

City, Street, Zip _____

Phone _____

Email _____

Fundraising Page (opt) _____

Donation Information

I (we) would like to make this contribution in the form of: cash check credit card other

Exp. Date | Sec Code _____

Credit card number _____

I authorize a donation in the amount of \$ _____ to Lemonade International.

Please add 5% to my donation to cover credit card processing fees.

Authorized signature _____

Authorized date _____

Comments:

Please make checks, corporate matches,
or other gifts payable to:

Lemonade International
PO Box 26204
Raleigh, NC 27611