



DONATION FORM
Lussier Community Education Center

*Denotes required information

Title Ms. Mr. Mrs. Dr.

First Name *

Middle Name

Last Name *

Address *

City / State / Zip Code *

Area Code & Phone / Email *

How Did You Learn About Us?

Please print your name(s) as you would like it to appear on our Donor List *
OR

_____ *Please print your name(s) as you would like it to appear on our Donor List**

Please check if you prefer to remain anonymous *

I would like my gift to be anonymous

Special Instructions Related to Your Gift

Gift Information

I would like to make a *

One time gift of \$ _____

Recurring gift of \$ _____ Monthly Quarterly Annually

I would like to make a *

Pledge of \$ _____ to be paid in equal installments of \$ _____ on a
__ Monthly __ Quarterly __ Annual basis starting __/__/__ (MM/DD/YY)

Method of Payment

Check

Credit Card (You should be aware that *WE* are charged a fee for each credit card transaction)

Card Type *

Visa MasterCard

Card Number *

CVV2 *

(The 3-digit code on the right-hand-side on the back of your card)

Expiration Date *

MM/YYYY

Electronic Fund Transfer

Account Type *

Checking Savings

Bank Routing Number *

Account Number *

THANK YOU FOR YOUR GENEROUS GIFT

If you have any questions, please contact the Development Director at 833-4979 x 207

Lussier Community Education Center is a nonprofit 501(c)(3) organization

Your gift is fully tax deductible to the extent allowed by law.