



DREAM IT. FUND IT.

Launching Entrepreneurs for 20 Years

Donation Form

LiftFund is a 501 (c)(3) nonprofit organization

Name: _____
(Please print name as you wish it to appear in publications recognizing your gift.) I prefer this gift to remain anonymous.

Preferred Mail Address: _____

City | State | Zip Code: _____

Email(s): _____

Phone(s) Cell: _____ Other: _____

Yes! I want to help LiftFund provide assistance to small business owners!

Gift Options: \$25 \$50 \$100 \$250 \$500 \$750
 \$1,000 Other \$ _____

**Gifts of \$1,000 and higher qualify for President's Society membership*

My gift is by cash or check.

My gift is by credit card, charge my: Amex Discover Master Card Visa

Card Number: _____ Expiration _____

Name on Card: _____ CSV (Back of Card) _____

Billing Address: _____ Zip Code _____

I would like to make a recurring monthly gift in the amount of \$ _____ by credit card.

I am interested in assisting future LiftFund programs through my will or trust.

My preference is that my gift should go toward:

LiftFund business education, programs and operations Area of greatest need
 Capital Campaign Other: _____

Please return to:

LiftFund Development Department
2007 West Martin Street, San Antonio, Texas 78207
By Fax | (210) 533-2940, attn: Kay Casey
By Email | kcasey@acciontexas.org
Phone | (888) 215-2373, ext. 1189, or (210) 226-3664, ext. 1189

vers.05.04.15

Signature

Date

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