



The LID Life Community
No One Fights Alone
P.O. Box 470392
Fort Worth, Texas 76147

Email: thelidlifecommunity@gmail.com
Web: www.lidlifecommunity.org

LLC Donation Form

Gift Amount: \$1,500 \$750 \$500 \$250 \$100 \$75 \$50 Other _____
 I prefer to remain anonymous

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

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My gift is memory of My gift is in Honor of

Name: _____

Occasion: _____

Please send an acknowledgement letter on my behalf to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____
(The amount of your gift will not be mentioned)

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My check, made payable to LID Life Community, is enclosed

Please charge my credit card as indicated: Visa MC Amex Discover

Name on Card: _____

Credit Card Number: _____ Exp. Date: ___/___/___ Sec Code: _____

Please mail this complete form to LID Life Community, PO Box 470392, Fort Worth, TX 76147.
You may also donate online at lidlifecommunity.org. EIN ID #: 81-2700933

Thank You!!!