MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name):

Organization Name (Fill this out only if you’re making your donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you’re making this donation on behalf of an organization, please provide the company’s address):

City: ___________________________________________ State: __________ Zip Code: __________

Country: ________________________________________

Email (optional): _________________________________

Telephone Number (optional): ___________________________ ☑ Home ☑ Mobile

By providing your email address and/or phone number, you will receive news, alerts, and other ways to get involved with the LaundryCares Foundation. You may unsubscribe at any time.

PAYMENT OPTIONS

One Time Gift Amount: _______________________________

☑ I’m enclosing my check made payable to the LaundryCares Foundation

☑ Please charge my credit/debit card:
   ☑ Visa   ☑ MasterCard   ☑ American Express   ☑ Discover

Cardholder’s Name: ________________________________

Card Number: ____________________________________

Expiration Date: ____________________________ CVV __________________

Become a Monthly Donor!

Your monthly gift can make a meaningful difference.

☑ YES! Please bill my credit/debit card in the amount of $_____ per month.

☑ YES! I would like to make a monthly gift in the amount of $_____ using my checking account. I’ve attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling 1-800-570-5629.

Your questions and feedback are very important to us. Please feel free to contact us at info@laundrycares.org or call 1-800-570-5629. Thank you for your support.