

Make Miracles Campaign

Thank you for your support of the Lawrence Community Shelter

Please return this completed form in the envelope provided by November 20, 2011

Name of donor(s): _____

Address: _____

City/Zip Code: _____

Email address: _____ Phone: _____

Please select your tax deductible pledge/payment option. (If a balance remains after today's pledge/payment, we will send you an annual invoice, each October, beginning October 1, 2012 until pledge fulfilled). We gratefully accept pledges up to three years and will invoice you annually unless you prefer otherwise, in which case indicate here _____.

Total Pledge/Payment amount: \$ _____

Check enclosed (payable to LCS Capital Campaign): \$ _____

Credit Card: _____ VISA _____ MasterCard _____ Amex _____ Discover

Credit Card #: _____ Expiration date: _____

Signature of Cardholder: _____

If you prefer another method of payment please explain: _____

Please print full name(s) as you wish listed in any acknowledgement:

Or _____ I/we prefer to remain anonymous

Please return this form, and if applicable payment to the address below or in the envelope provided. **LCS Capital Campaign, Lawrence Community Shelter, 214 W 10th St., Lawrence, KS 66044**

THANK YOU FOR YOUR HELP IN "BUILDING a positive future"