

# Multiple Donor Disaster Contribution Form



Individual Completing this Form Name \_\_\_\_\_

Date \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Gift Type**  **U.S.-Dollar Check Enclosed** (payable to "LCIF")  **Wire/Bank Transfer** (Please attach bank transfer receipt)  **Local LCI Deposit** (Please attach bank deposit ticket)

**Cash**  **Credit Card**  Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_ Signature \_\_\_\_\_

**Name of Disaster:** \_\_\_\_\_ **Total Amount U.S. \$** \_\_\_\_\_ (must total individual amounts below)

Individual Donation Amount	Type of Donation (Individual, Club, District or Multiple District)	Donor First/ Given Name	Donor Last/ Family Name	Donor Member #	Donor Club Name	Donor Club #	Donor District

**Per Board policy, restricted donations are not eligible for MJF credit.**