

# DONATION FORM

## *Living Proof Charities & Ministry*

*PO Box 1659  
Auburndale FL 33823  
(863) 934-0386*

*Donate@LPCMinistry.Org*

*Registered 501(c)(3) Nonprofit Ministry  
EIN# 46-386646*

DONOR CONTACT INFORMATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_

**FACEBOOK URL:** \_\_\_\_\_

Donation Item Description	Quantity	Total Value
TOTAL		

\_\_\_\_\_ Donor Signature

\_\_\_\_\_ Date

\_\_\_\_\_ LPCM Employee Signature

\_\_\_\_\_ Date

*Thank you for your generous donation(s).*