



## ASSISTING LIVES IN LAS VEGAS DONATION FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS NAME (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

DONATION AMOUNT \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

Make Check Payable to: Assisting Lives in Las Vegas  
Mail to us at: 6446 West Charleston Blvd., Las Vegas, NV 89146

For Credit Cards visit: [AssistingLivesLV@ALLV.org/donate](mailto:AssistingLivesLV@ALLV.org/donate)

Or fill out the information at the bottom of this form

### PLEASE APPLY THIS DONATION AS FOLLOWS:

\_\_\_\_\_ Unrestricted      \_\_\_\_\_ Our School Boutique      \_\_\_\_\_ Community Programs

\_\_\_\_\_ Annual Giving Campaign

\_\_\_\_\_ Other, please specify: \_\_\_\_\_

### IS THIS DONATION IN HONOR OR IN MEMORY OF SOMEONE?

\_\_\_\_\_ In Honor of \_\_\_\_\_

Please send acknowledgement to \_\_\_\_\_  
Name and address

\_\_\_\_\_ In Memory of \_\_\_\_\_

Please send acknowledgement to \_\_\_\_\_  
Name and address

The organization may publish the donor's name(s) in internal publications or in public documents such as their Annual Report. Please indicate your preference:

\_\_\_\_\_ You may include my name      \_\_\_\_\_ I wish to remain anonymous

**Your contribution may be tax deductible; consult with your tax advisor.**

**An acknowledgement will be mail to you. Thank you for your donation.**

Assisting Lives in Las Vegas

Tel: (702) 870-2002

IRS 501(c)(3) ★ EIN:88-0137831

[AssistingLivesLV@ALLV.org](mailto:AssistingLivesLV@ALLV.org) ★ ALLV.org

Credit Card Information (after the donation is completed, this information will be shredded)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_