ASSISTING LIVES IN LAS VEGAS®
A 501(c)(3) Nonprofit Corporation

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 the address below

For Credit Cards use PayPal on ALLV.org, 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 for Our School Boutique

_____ Other, please specify: _____

IS THIS DONATION IN HONOR OR IN MEMORY OF SOMEONE? Yes_____ No_____

_____ 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 Organization publications or in public documents such as the Organization's 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
6446 W. Charleston Blvd., Las Vegas, Nevada 89146-1165
Tel: (702) 870-2002 IRS 501(c)(3) EIN:88-0137831
ALLV.org

Credit Card Information (after the donation is completed, this information will be shredded)
Name on Card _____
Card Number _____ Expiration___/_____ CVV_____