



# Donation Form

## MAILING ADDRESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## BILLING ADDRESS

Check here if same as mailing address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PAYMENT INFORMATION

Visa  MasterCard  Discover  AmEx

Name on Card:  Check here if same as above

\_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (3 digit code on back): \_\_\_\_\_

Enclosed is my tax-deductible gift to Lydia's Legacy in the amount of \$ \_\_\_\_\_

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

## Please send an acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Lydia's Legacy is a nonprofit 501(c)3 organization. Your gift is tax-deductible to the fullest extent of the law.*

Please make checks payable to: **Lydia's Legacy, Inc.**

Please mail your check along with this form to:

### Lydia's Legacy

**506 Sedgewood Lake Drive, Suite 200**

**Charlotte, NC 28211**

Please check here if you would like to be added to our mailing list

### Lydia's Legacy Mission:

*To raise awareness of gynecologic cancers through education and fund gynecologic cancer research through donations.*