



DONATION FORM

YES! I want to support The LOTUS Project! Please accept my gift of \$ _____

Name _____

Organization (if applicable) _____

Address _____

City, State, Zip _____

Email _____

Phone _____

This contribution is being given (Please check one): **In Honor** **In Memory**

Honoree's Name _____

Please notify the following individual of my gift to The LOTUS Project NJ:

Name _____

Organization (if applicable) _____

Address _____

- My check is enclosed (Please make payable to The LOTUS Project NJ).**
- Please charge my credit card: (check one)** Visa Mastercard Amex
- Show even more support by making this a monthly gift.**

Name on Card _____

Card Number _____

Expiration Date _____ CVC _____

Signature _____

- My company, _____, will match this gift.**

Company Contact Name and Phone _____

**Please mail your gift to The LOTUS Project NJ
Your support means the world!**