



LIMBS FOR LIFE FOUNDATION

Mail-In Donation Form

Name _____

Address _____

City, State, ZIP _____

E-mail Address _____

We Will not share your e-mail address

Phone _____

Enclosed is my check for \$ _____ (Make checks payable to Limbs for Life Foundation)

Please charge my gift of \$ _____ to the credit card selected below.

Visa

MasterCard

American Express

Discover

Account Number _____ Expiration Date _____

Name as it appears on card _____

Signature *(required)* _____

I want to join LFL's monthly giving program, the Step by Step Giving Club. Choose the amount you give and pave a new path for amputees ready to take the next step.

Please charge my credit card each month in the amount of \$ _____. I have provided my credit card information above. Please put my gift to work immediately helping amputees.

I would like more information about the Planned Giving program. This program is designed for supporters who are committed to leaving a Lasting LEGacy by including LFL in their estate plans.



Please mail this form along with your donation to:
Limbs for Life Foundation
9604 N May Ave
Oklahoma City, OK 73120

THANK YOU!

Your gift will make a difference
for amputees in need.

We appreciate your support.