



# Libertas Christian School Donation Form

## Donor Information

First Name:		Last Name:	
Company Name:			
Address:			
City:	State:	Zip:	Country:
Phone:	Email:		

**YES!** I would like to make this a **RECURRING** donation and support Libertas Christian School with my gift of:  
 With each giving receipt you will receive an envelope to mail in the next gift.  
 \$50/month     \$100/month     \_\_\_\_\_/month     \$ \_\_\_\_\_/annually

**YES!** I would like to make a **ONE TIME** Gift to support Libertas Christian School with my gift of :  
 \$500     \$1000     \$2000     \$\_\_\_\_\_.

**IF DONATING BY CHECK, PLEASE ENCLOSE YOUR PAYMENT WITH THIS FORM. IF DONATING BY CREDIT CARD, PLEASE PROVIDE THE FOLLOWING INFORMATION:** (AMEX, Visa, MasterCard, and Discover accepted)

Cardholder's Name:	Card Type:	Security Code:
Card Number:	Card Expiration:	

**IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER THE INFORMATION BELOW.**

First Name:	Last Name:		
Company Name:	Phone:		
Address:			
City:	State:	Zip:	

**YOU CAN MAKE YOUR GIFT IN MEMORY OR IN HONOR OF A STUDENT or PROGRAM or YOU CAN PREFERENCE YOUR GIFT DIRECTLY TO THE COMPENSATION OF A TEACHER. PLEASE COMPLETE THE FOLLOWING SECTION:**

\*Please note LCS will not disclose the donation amount.

Designate gift to: <input type="checkbox"/> Student(s) <input type="checkbox"/> Program/Activity/Event <input type="checkbox"/> General Expenses <input type="checkbox"/> Teacher Compensation
Teacher/Honoree/Program Name:

Comments or Special Instructions:
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