

Lifestyles
for the Disabled

CREATING A WORLD OF OPPORTUNITIES

Annual Campaign

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

Enclosed please find my/our check in the amount of: \$ _____ or Credit Card Amount: \$ _____

Please Check Type of Card: AMEX VISA MasterCard

Account # _____ Expiration Date: _____

Signature: _____ Check if your employer has a "Matching Gift" program

Lifestyles
for the Disabled

CREATING A WORLD OF OPPORTUNITIES

Annual Campaign

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

Enclosed please find my/our check in the amount of: \$ _____ or Credit Card Amount: \$ _____

Please Check Type of Card: AMEX VISA MasterCard

Account # _____ Expiration Date: _____

Signature: _____ Check if your employer has a "Matching Gift" program