



## Yes, I want to Give Christmas to La Limonada!

### Personal Information

Name on Card:		
Billing Address:		
City:	State:	Zip Code:
Email Address:	Phone #:	

### Check or Credit Card

I would like to give a donation with:  Enclosed Check  Credit Card

### Credit Card Authorization

Card Type (Check One):  Visa  MasterCard  Amex  Discover

Card #:	
Security Code:	Expiration Date (MM/DD/YY):

I authorize a donation in the amount of \$ \_\_\_\_\_ to Lemonade International.

Please add 5.05% to my donation to cover credit card processing fees.

Signature:	Date:
------------	-------

### Comments

**Mail to: Lemonade International, PO Box 26204, Raleigh, NC, 27611**