



AMERICAN LIGHTHOUSE FOUNDATION

DONATION FORM

I would like to donate the following amount: \$ _____

Donor Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

☐ My employer will match my gift! I have included my company's matching gift form.

Tribute Gift (Optional):

☐ This gift is in ☐ Memory of ☐ Honor of: _____

Special Note: _____

Gift Notification: (If you would like us to notify someone (without disclosing amount) of your thoughtful gift)

Name _____

Address _____

City _____ State _____ Zip _____

☐ Enclosed is my check/ money order payable to: *American Lighthouse Foundation*

☐ Please charge my: ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Name on Card _____

Card# _____ Exp. Date (MM/YYYY) _____

Signature _____ CVV Code: _____

Please return completed form with payment to:

American Lighthouse Foundation

P.O. Box 565, Rockland, ME 04841

(207) 594-4174 | www.LighthouseFoundation.org

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