



CONTRIBUTION FORM

I would like to make a contribution in the amount of:

\$25 \$50 \$75 \$100 \$250 \$500 Other: \$ _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Email: _____

Yes, I would like to receive email updates from Project Love Me.

Contribution Information

I am enclosing a check, made payable to Project Love Me.

Please charge the amount indicated above to my credit card:

Type of Card (please check one):

Discover Visa MasterCard American Express

Name (as it appears on the card): _____

Credit Card #: _____ Exp. Date: _____

Security Code: _____ *A 3-digit number located on the back of the card. For American Express users, the 4 digit number is on the front of the card.*

Thank you, we truly appreciate your generosity!

Upon completion, mail this form to:
Project Love Me
c/o Fund Development
P.O. Box 9022
Torrance, CA 90508