| **Donation Form** |  |
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Thank you so much for your contribution!

## Donor Information

| BUSINESS NAME | NAME (LAST, FIRST, M.I.) |
| --- | --- |
| STREET ADDRESS | EMAIL |
| CITY, STATE, ZIP | PHONE |
| WEBSITE | ALTERNATE PHONE |

## Donation Description

| CHECK ONE: □ CASH □ PRODUCT / ITEM □ SERVICE □ OTHER | |
| --- | --- |
| AMOUNT / DESCRIPTION | DATE |
| NOTES | |

## Contact Information

| **Donations may be sent to:**  **Live Like Libby, Inc.**  **337 E. Walnut Street**  **Marietta, PA 17547** | **Contact Name: Brooke Carlock**  **Cell:** (717) 799-4498  **Email:** [info@livelikelibby.org](mailto:info@livelikelibby.org) |
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