



**YES, I WOULD LIKE TO MAKE A DIFFERENCE IN THE LIFE OF A DOMESTIC VIOLENCE VICTIM**

- Please return this form with your contribution -

MY NAME IS: \_\_\_\_\_

MY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP : \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I WOULD LIKE TO MAKE A GIFT OF: \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$500 \_\_\_\_\_ \$100 \_\_\_\_\_ Other

I AM ENCLOSING A CHECK MADE PAYABLE TO LSNF/EMPOWERMENT: \_\_\_\_\_

(LSNF, 2119 Delta Boulevard, Tallahassee, Florida 32303)

PLEASE CHARGE MY CREDIT CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

(All major credit cards accepted)

**FAX TO (850) 385-5684**

I WOULD LIKE INFORMATION ON MAKING A PLANNED GIFT TO LSNF: \_\_\_\_\_