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**Lucy’s Love Bus**

*Delivering Comfort... Until A Cure.*

**Lucy’s LoveCorps™ Donation Form**

Thank you for choosing to become a member of Lucy’s Love Corps™!

To join Lucy’s LoveCorps™, our monthly giving program, please complete this form and mail it to: **Lucy’s Love Bus, PO Box 464, Amesbury, MA 01913**. Be sure to enclose your check, credit card or bank information.

 **Yes! I want to join Lucy’s LoveCorps™**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I will make my monthly gifts by (select below):**

 **CREDIT CARD**

By selecting this box, I authorize Lucy’s Love Bus to charge my LoveCorps™ pledge to my credit card automatically each month as indicated in the terms outlined below.

**Amount of monthly donation**

\_\_\_ $10 \_\_\_\_\_$25 \_\_\_\_\_$50 \_\_\_\_$75 \_\_\_\_$100 \_\_\_\_Other ($\_\_\_\_\_\_/month)

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Name (as it appears on card):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature – **Required**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In honor of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CHECKING ACCOUNT DEBIT**

By selecting this box, I authorize Lucy’s Love Bus to deduct my LoveCorps™ pledge from my checking account automatically each month as indicated in the terms outlined below. ***PLEASE ENCLOSE A VOIDED CHECK.***

**Amount of monthly donation**

\_\_\_ $10 \_\_\_\_\_$25 \_\_\_\_\_$50 \_\_\_\_$75 \_\_\_\_$100 \_\_\_\_Other $\_\_\_\_\_\_/month

Checking account number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (**Required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In honor of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information about Lucy’s LoveCorps™, please visit lucyslovebus.org/lovecorps

Questions? Call Patrice at 617-285-5509 or e-mail Patrice@lucyslovebus.org

**Your generosity and compassion are making a difference in the lives of children coping with cancer and the families who love them. Thank you.**

**Credit Card and Check Account Debit Terms of Agreement:**

This authorization to charge my bank account or credit card account is just like writing a check to Lucy’s Love Bus or making a charge on my credit card, except that it will be done directly.

I understand that each transaction will appear on my regular bank or credit card statement.

I further understand that this agreement will remain in effect until I notify Lucy’s Love Bus that I wish to change or suspend it, and Lucy’s Love Bus has a reasonable amount of time to fulfill my request.

**Lucy’s Love Bus, PO Box 464, Amesbury, MA 01913**

**www.lucyslovebus.org**