

## **Donation Form**

## **CONTACT INFORMATION**

Name	
Company	Title:
Address	
City, State, Zip	
Email	
Phone Day	Phone Eve
Referred By	
PAYMENT INFORMATION	
Please charge my credit card	VISAMC AMEX
Credit Card #	Exp Date
Name on card	
Amount to be charged \$	Signature
Enclosed is a check in the amou	nt of \$
Checks should be made payable to: Li	ve Out Loud
Please mo	il or fax this form with payment to:
	Live Out Loud 570 7 <sup>th</sup> Avenue, 9 <sup>th</sup> Floor New York, NY 10018
	Fax: 212-840-0505
	oud's mission to inspire, nurture, and empower LGBTQ youth by nodels and affirmative experiences in the LGBTQ community.
Live Out Loud, a 501(C)(3) non-profit o	ntributions are tax-deductible. rganization promotes the empowerment of lesbian, gay, bisexua nder (LGBT) youth. Tax ID # 84-1628418.
	www.liveoutloud.info