

LIVE ACTION

Live Action Credit Card Authorization Form

YES! I would like to donate to Live Action to make their work possible to change hearts and minds on abortion and save lives.

I would like to make a:

_____ **One Time Donation**

_____ **Reoccurring Monthly Donation**

\$500

\$1,000

\$5,000

OTHER: _____

Full Name as it Appears on Card: _____

Card Number: _____

Expiration Date: _____ / _____ (MM/YY)

Security Code (Back of Card): _____

Address:

City: _____

State: _____ **Zip:** _____

Phone Number: (_____) _____

Email: _____

Signature: _____

All information this form is required for a valid donation. Live Action is a 501(c)(3) non-profit organization. Gifts are tax-deductible in the United States. No goods or services are offered or given in exchange for contributions. Please return this form to:

Live Action | 2200 Wilson Boulevard | Suite 102 | PMB 111 | Arlington, VA 22201
Phone: **323-454-3304** | Email: **support@liveaction.org**