

Donation Form: Support The Lawrence Family Foundation

Thank you for your generosity. Your donation helps us empower underserved communities through education, health equity, and essential support. Please complete the form below to make a one-time or recurring donation.

SECTION 1: Donor Information

1. Full Name:
2. Email Address:
3. Phone Number (optional):
4. Mailing Address (for tax receipt):

SECTION 2: Donation Preferences

1. Donation Type:
☐ One-Time Donation
☐ Monthly Recurring Donation
2. Donation Amount (USD): _____
3. Is this donation in honor or memory of someone?
☐ Yes ☐ No
If yes, please specify:
- In Honor / In Memory of: _____
- Honoree's Name: _____
- Send Acknowledgement to (Name & Email or Address): _____

SECTION 3: Payment Details

You may complete your donation through one of the following options:

- Bank Transfer / Standing Order:
Account Name: _____
Bank Name: _____
Account Number: _____
Sort Code / Routing Number: _____

IBAN (if international): _____

SWIFT/BIC: _____

- Direct Debit: You may also complete the Direct Debit Authorization Form below to set up a recurring donation.

For other donation methods, including credit/debit card and international giving, please visit our website:
www.thelawrencefamilyfoundation.org/donate

SECTION 4: Final Declarations

1. I confirm that the above information is correct. ☐ Yes
2. I consent to be contacted about the impact of my donation and future updates. ☐ Yes
3. I consent to allow The Lawrence Family Foundation to recognize my donation (e.g., name on website or annual report). ☐ Yes ☐ No
4. I confirm that I am a taxpayer and consent to the organization claiming back tax on my donation where legally applicable. ☐ Yes

Full Name: _____

Date: _____

Signature (typed or digital): _____

Submit

Please send the completed form to: donate@thelawrencefamilyfoundation.org

Once received, we will email you a secure payment link. Thank you for supporting equity and global impact.

Direct Debit Authorization Form

To authorize monthly donations via direct debit, please complete the form below:

Bank Name: _____

Account Holder Name: _____

Account Number: _____

Sort Code / Routing Number: _____

Preferred Monthly Donation Date: _____ (e.g., 1st of every month)

Monthly Donation Amount (USD): _____

I authorize The Lawrence Family Foundation to set up a recurring donation as per the details above.

Signature: _____

Date: _____