

Yes! I want to change the lives of students at LEAP for Education!

Date: _____

Your name: _____

Company name (if applicable): _____

If company, primary contact: _____

Mail to: LEAP for Education, Inc.
35 Congress Street, Suite 102
Salem, MA 01970

*LEAP for Education, Inc. is a 501 (c) 3 public charity.
Your donation is deductible to the fullest extent allowed by law.*

TWO WAYS TO DONATE



This Form

By check or money order



Online

Secure donation online
via credit card

www.leap4ed.org/donate

GIFT AMOUNT

___ \$1,000 ___ \$500 ___ \$100 ___ \$50 Other: \$ _____

Donation schedule One time Monthly Quarterly

Check enclosed (Checks should be made out to LEAP for Education, Inc. - Tax ID: 47-1445061)

Name on check: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone number: _____ home cell work

TRIBUTE GIFT

My donation is in honor of: _____

My donation is in memory of: _____

Please mail OR email: _____

MATCHING GIFT

My company will match my donation: _____ (company name)

I would like to receive LEAP email updates and be added to the newsletter mailing list.