

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

Date _____

Name _____

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

Donate via check or card



Online

Donate securely online
at the URL listed below

www.leap4ed.org/donate

GIFT AMOUNT

___ \$5,000 ___ \$2,500 ___ \$1,000 ___ \$500 ___ \$100 Other: \$ _____

Donation Schedule One Time Monthly Quarterly

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

Debit/Credit Card

(Visa / MasterCard / American Express)

Number: _____ Expiration Date: _____

VSN: _____ Signature: _____

Name on Card: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Tribute Gift

I would like to dedicate this gift in honor or memory of: _____

Please send a card to: _____

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. _____ (email)

LEAP *for Education*

LEAP for Education | 35 Congress Street, Suite 102, Salem, MA 01970 | 978.740.6667 | www.leap4ed.org