

Donation Pledge Form



Yes, I want to support Learning Communities Foundation (LCF) to help ensure educational success for every child.

DONOR INFORMATION

NAME

MAILING ADDRESS

CITY

STATE

ZIP

PHONE 1

PHONE 2

EMAIL

DONATION INFORMATION

I would like to pledge:

- One-Time** - check or credit card
- Monthly*** credit card required

CHOOSE ONE OPTION:

- Monthly gift continues until**
_____ (date) **or**
- Indefinitely**

USE MY DONATION TO SUPPORT

- Family Support Fund**
- Educare Seattle**
- LCF General Operations**

PAYMENT INFORMATION

- Check** - payable to Learning Communities Foundation
- Credit Card**

_____|_____|_____|_____

Expiration Date: ____|____

- My employer will match my gift.**

Company Name:

- I am interested in leaving a gift to the Learning Communities Foundation in my estate plan.

Digital option: By typing in your legal name, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form. By typing in your legal name you consent to the donation options indicated above.

Hard copy option: Print, sign, and mail completed form to:
Learning Communities Foundation
625 SW 100th Street, Seattle, WA 98146

SIGNATURE

FULL NAME

DATE