



Legacy Society Membership

Thank you so much for making your pledge to the Legacy Society. Your investment helps Learning Lab sustain life-changing literacy programs. Your contribution of \$5,000(+) within a five year period helps us continue to offer personalized education for all students and families and helps strengthen our community through literacy for all.

Legacy Member Name(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Please keep my/our donation anonymous: Yes No

I/We prefer to honor our membership by:

- ____ An annual donation of \$1,000 or more made by check
- ____ Automatic credit/debit card payments of \$83.34 each month (beginning _____(Date)
- ____ Please process \$1,000 amount my on credit/debit card annually on _____(month/day)
____ Visa ____ M/C ____ AMEX Number _____ Exp. Date _____
- ____ My company/employer will match my donation. Please follow up.
- ____ Contributions of stocks, bonds or other securities annually.
- ____ Our Legacy Membership donation is through my/our estate plan.

Signature: _____

Signature: _____