

## Pledge Form: Los Al Leadership Circle (LALC)

The distinguished, significant supporters of the Los Alamitos Education Foundation's visionary work

Name (Please print)  Mailing address  City State Zip code  Tel (H) Tel (C) Email  How did you hear about the LALC?  Gift Information (\$1000 minimum annually with levels of \$2500, \$5000, and \$10,000+)  It is my/our intention to contribute to LAEF and join the Los Al Leadership Circle for a total of \$
City State Zip code  Tel (H) Tel (C) Email  How did you hear about the LALC?  Gift Information (\$1000 minimum annually with levels of \$2500, \$5000, and \$10,000+)  It is my/our intention to contribute to LAEF and join the Los Al Leadership Circle for a total of \$
Tel (H)  Tel (C)  Email  How did you hear about the LALC?  Gift Information (\$1000 minimum annually with levels of \$2500, \$5000, and \$10,000+)  It is my/our intention to contribute to LAEF and join the Los Al Leadership Circle for a total of \$
How did you hear about the LALC?  Gift Information (\$1000 minimum annually with levels of \$2500, \$5000, and \$10,000+)  It is my/our intention to contribute to LAEF and join the Los Al Leadership Circle for a total of \$
Gift Information (\$1000 minimum annually with levels of \$2500, \$5000, and \$10,000+)  It is my/our intention to contribute to LAEF and join the Los Al Leadership Circle for a total of \$
It is my/our intention to contribute to LAEF and join the Los Al Leadership Circle for a total of \$ payable over the next years.
It is my/our intention to contribute to LAEF and join the Los Al Leadership Circle for a total of \$ payable over the next years.
\$payable over the next years.
<del></del>
Payment Schedule
My/our intent is to divide this gift into □ annual □ semi-annual □ quarterly □ monthly payments as follows.
Payments will be made by Amount to be paid
Date \$
You will be contacted 15-30 days in advance of each due date.
☐ My gift may be matched by my company.
Payment Information
☐ My/Our initial payment of \$ is enclosed, payable to LAEF.
☐ I will set up monthly credit card donations at <u>www.LAEF4Kids.org/LALC</u> - click on the "Donate" button, then check the
box to "Make this a monthly donation".
☐ I will make my annual membership donation by credit card at <u>www.LAEF4Kids.org/LALC</u>
Recognition
I would like my name to appear on any official/public recognition as follows:
□ Name(s)
☐ List my/our gift ☐ In Honor of ☐ In Memory of
☐ Please do not list my/our name as I/we wish to remain anonymous.
This gift is unrestricted to LAEF and will be used to fulfill its mission. The donor(s) will make every effort to honor the scope and timing of
this commitment, but reserves the right to modify it in the event of unforeseen circumstances.
Authorizing Signature Date