



Lelooska Foundation

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Yes! I want to support the work of the Lelooska Foundation.

My check is enclosed for \$_____. Or
Please charge my **Visa or MasterCard** with a gift of: (circle one)

\$1,000 \$500 \$250 \$100 Other \$ _____

One Payment 12 Monthly Payments 4 Quarterly Payments -Beginning Date_____

Card Type: _____ Number: _____ Expiration Date: ____/____

Security Code : _____ Name (as it appears on card): _____
(A 3 or 4 digit code on the back of your card, call with any questions)

Name (as it should appear in our newsletter) : _____

Address: _____

Phone: _____ Email Address: _____

- Please contact me regarding naming opportunities.
- I would like to make an in-kind donation to the Silent Auction.

Mail to:
Lelooska Foundation
P.O. Box 526
Ariel, WA 98603