

Donation Card

Name: _____ Phone #: _____

Address: _____

Email: _____

Gift Amount:

_____ \$25

_____ \$85

_____ \$125

Other \$ _____

OR Monthly gift:

_____ \$50

_____ \$100

_____ \$250

Other \$ _____

Payment Method:

Please make your check or money order payable to:

Patriot Legacy Education Foundation.

OR visit our website www.lfcsinc.org and click **DONATE NOW.**



PATRIOT LEGACY
EDUCATION FOUNDATION