



learning enrichment after-school program

Donation Request Form

Accept my **tax-deductible** contribution in the amount of \$ _____
Please make checks payable to "**leap**"

_____	_____	_____	_____
Last Name	M.I.	First Name	
_____	_____	_____	_____
Street Address	City	State	Zip Code
() _____	() _____	_____	
Cell Phone	Work Phone	Email Address	

Company			

Donations should be mailed to:

leap After-School Program
112 West 9th Street, Suite 826
Los Angeles, CA 90015

Thank you for making a difference!

Tax ID #: 20-1734413

112 west 9th street #826 los angeles, ca 90015
phone (213) 489-2779 fax (213) 622-3311 www.**leap**usa.org