



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 9<sup>th</sup> Street, Suite 826  
Los Angeles, CA 90015

## Thank you for making a difference!

501(c)3 Tax ID #: 20-1734413

112 west 9th street #826 los angeles, ca 90015  
phone (213) 489-2779 fax (213) 622-3311 [www.leapusa.org](http://www.leapusa.org)