



LeGaL Foundation Pledge Form

 Yes, I want to make a commitment to supporting the charitable programs of the LeGaL Foundation with a tax-deductible contribution of \$ _____.

Name: _____ / Date: _____

I wish to pay by:

Check (payable to the LeGal Foundation)

Credit Card (provide information below)

Mastercard Visa American Express Discover

Credit Card Number: _____

Security code (required for processing): _____

Expiration: _____

Name on Card:

Billing address (with zip code):

Signature:

Thank you for your contribution!

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** The LeGaL Foundation is a 501(c)(3) organization.*