

Single or Monthly Gift Form

Law Enforcement Against Prohibition

Phone: (781) 393-6985

Fax: (781) 393-2964

Email: donations@leap.cc

121 Mystic Avenue, Suites 7-9

Medford, MA 02155

I would like to donate the following amount \$ _____ Monthly Single

Donating by Check:

Please mail your check or money order to the address above.

Please Provide the following information in full:

Ms. Mrs. Mr. Dr. Other _____

First Name: _____ Last Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Country _____ Email _____

Daytime Phone: _____ Evening Phone: _____

I prefer to make this donation anonymously

If donating by Credit Card, please provide us with the following information:

Visa Master Card American Express Discover

Credit Card Number _____ Exp. Date _____

CCV (security code) _____ Name on the Card _____

Billing Address (if different from above) _____

If your employer has a contribution match program, your donation to LEAP can double! Check with your Human Resources Department for a matching donation form.

