

LA LUMIERE SCHOOL Annual Fund 2010-2011

Name

Address

City

State

Zip

Telephone

E-mail

this is a new address and/or phone number

I/we would like to be listed as follows in all printed materials:

Enclosed is my/our gift of \$ _____

Check Visa Mastercard

Card number

exp. date

Signature

I/we prefer to pledge \$ _____

Payable: Monthly Quarterly Semi-Annually

Please designate my gift in Memoriam/Honorarium to:

- My corporate matching gift form is enclosed.
- Please send me information on Planned Giving.
- Please contact me regarding the *Courageous Vision* capital campaign.

Give a gift online at www.lalumiere.org.