



**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!**

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