

FOUNDATION

Name:	
Address:	
City/State/Postcode:	
Email:	
Method of Payment:	
Check or money order (payable to Learning Forward Foundat	ion)
Credit Card:	
Expiration Date: 3-digit security code:	
Cardholder's name:	
Please accept my donation of \$	
Please accept my donation of \$ Dedicate my donation in honor or in memory of someone.	•
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