Leuva Patidar Samaj Foundation, Inc.

Tax Exempt#: 58-2548294

EDUCATING LPS YOUTH TO CREATE MIRACLES

DONATION FORM

Donor Information (please print or type)

Name _____

Address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Pledge Information

☐ I (we) pledge a total of $365 for: ☐ 3 years ☐ 5 years.

☐ I (we) pledge a total of $1000.

☐ I (we) pledge a total of $5,000.

☐ I (we) pledge other $ _____ .

☐ I (we) pledge a total of $500.

☐ I (we) pledge a total of $2500.

☐ I (we) pledge a total of $10,000.

I (we) plan to make this contribution in the form of: ☐cash ☐check ☐credit card.

Name on Credit Card (MC/V) _____

Credit Number _____

Expiration Date _____

CVC (3 digit Security Code) _____

Acknowledgement Information

I by my signature below acknowledge this donation for the LPS Scholarship Foundation.

_____

Signature(s) _____ Date _____

Please make check payable to:

LPS Scholarship Foundation
ATTN: D.V. Patel

1029 North Clubhouse Court,
Franklin,TN, 37067