



LA LECHE LEAGUE
INTERNATIONAL

Thank you for giving mothers the support they need and babies the best start in life!

Mail completed form to: La Leche League International
Attn: Development Department
957 N. Plum Grove Road
Schaumburg, IL 60173 USA

Name: _____ Anonymous yes no

(Name as you would like it to appear in LLLI publications)

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone Number: _____ Email Address: _____

I would like to make a tax-deductible gift of \$ _____

I wish to extend my gift with a pledge of \$ _____ for _____ year(s).

Start date: _____ Payment Period: Annually Quarterly Monthly

1) **My check is enclosed.** (Please make your check payable to La Leche League International.)

2) **Please charge my gift to:**

VISA MasterCard American Express Discover

Account #: _____ Exp. Date: _____ CVV #: _____

(security code)

Signature: _____ Date: _____

My company will match my gift.

Honorary & Memorial Tribute Gifts

For a gift of \$50 you can honor someone special with a personalized card.

My gift is... In Honor of _____ In Memory of _____

Name and Address of Recipient to Receive Card:

