

# KEEP PLEDGE FORM

Does your company offer matching funds? Yes \_\_\_\_

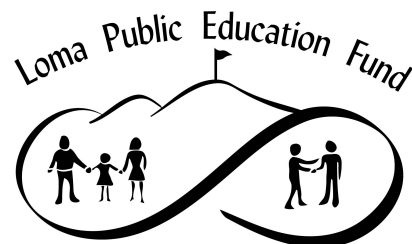
## KEEP: Keep Excellent Education Programs

### Suggested minimum family donation:

**\$600 (1 child)**

**\$900 (2 or more children).**

**Not a Parent? Please consider sponsoring a child or a family.**



*Giving our children the education they deserve.*

Amount pledged: \$ \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT BY CHECK:

Check enclosed \_\_\_\_\_

Checks should be made to: LPEF

Mail to: LPEF, 23800 Summit Rd, Los Gatos, CA 95033. Fax to: 408-353-6772

### CREDIT CARD PAYMENT ONLY:

Bill my credit card: (Visa or MasterCard) \_\_\_\_\_

Name on Card: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV # on back: \_\_\_\_\_ My donation is anonymous: Yes \_\_\_\_\_

(Optional) I would prefer two credit card transactions,

one donation of \$ \_\_\_\_\_ today

and a donation of \$ \_\_\_\_\_ on 9/1/05.

Minimum donations of \$300 for each transaction are required.

Signed: \_\_\_\_\_

Mail this form to: LPEF, 23800 Summit Rd, Los Gatos, CA 95033.

Or fax to: 408-353-6772

Thank you for your tax-deductible contribution! Tax ID # 03-0440872.

Questions? Call 408/566-3007. Additional information may be found at: [www.lpef.org](http://www.lpef.org)