



FLAG Foundation Gift/Pledge Form

In consideration of the needs of the FLAG Foundation, I/we wish to donate the sum of \$_____.

Name(s)_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Fax_____

I/we wish to remain anonymous. (Circle one) Yes No

My/our payment of \$_____ is enclosed. (Please make all checks payable to FLAG Foundation)

Signature_____ Date_____

Thank you for your generous contribution to the FLAG Foundation!