

DONOR INFORMATION

First Name	Last Name		Date
Address Line 1			
Address Line 2			
City	State	Zip Code	
Daytime Phone ()	E-Mail Address		
☐ Yes, I would like to be added to your commun	ications.		
GIFT INFORMATION			
□ Enclosed is my gift of \$	_ (Please make check payable to The Leap	frog Group)	
□ I would like to make my gift monthly			
□ Please charge my credit card for \$			
□ MasterCard® □ Visa® □ American Express®			
Credit Card Number	Expiration Date		
Name on Card	Security Code		
Signature			
MEMORIAL AND TRIBUTE DONATIONS (optional)			
☐ This gift is in Memory of:			
First Name	Last Name		
☐ This gift is in Honor of:			
First Name	Last Name		
SEND GIFT NOTIFICATION TO:			
First Name	Last Name		
Address Line 1			
Address Line 2			
City	State	Zip Code	

You can also give online at www.leapfroggroup.org/donate/

We welcome gifts of stock and grants from Donor Advised Funds. Please consider putting The Leapfrog Group in your will or estate plans to ensure patient safety in the future and beyond.

The Leapfrog Group is a not for profit 501(c)(3) organization. Donations are tax-deductible. Our Federal Tax ID number is 52-2359517. Financial and other information about The Leapfrog Group's purpose, programs, and activities can be obtained by writing to The Leapfrog Group, 1775 K Street NW, Suite 400, Washington, DC, 20006, calling (202) 292-6713, or emailing info@leapfrog-group.org