



DAN LEACH MEMORIAL FUND

P.O. BOX 60184
BOULDER CITY, NV 89006

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Donor Information

Donor Name: _____

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Donor Listing Information

I/We would like to be recognized as: _____

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In honor In memory of: _____

Please send notification to: _____

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Gift Amount & Method of Payment

Total amount enclosed: \$ _____ Donation is: Personal Business

Check # _____ enclosed. Please make check payable to: **Dan Leach Memorial Fund**

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Credit Card Number

Expiration Date

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Date

Thank you for your donation!

Dan Leach Memorial Fund is a 501(c)(3) non-profit organization.
Your donation may be tax-deductible, please consult your tax advisor.