

LEADERSHIP LACKAWANNA

ALUMNI AND FRIENDS ASSOCIATION ANNUAL MEMBERSHIP DUES PLEDGE CARD

Please accept my contribution in the amount of:

\$30 Out-of-State Membership \$40 Standard Membership \$75 Alumni & Friend Membership \$150 Spirited Membership

In honor of Leadership Lackawanna's 35th anniversary, I would like to donate an extra \$_____.

Name: _____

Address: _____

City, State, Zip: _____ E-mail: _____

Total Payment Amount: \$_____ Payment Type: Check (payable to Leadership Lackawanna) Visa MasterCard Amex Discover

Name on Card: _____ Card #: _____

Address of Card: _____

City, State, Zip of Card: _____ Verification Code: _____ Exp Date: _____

LEADERSHIP LACKAWANNA

ALUMNI AND FRIENDS ASSOCIATION ANNUAL MEMBERSHIP DUES PLEDGE CARD

Please accept my contribution in the amount of:

\$30 Out-of-State Membership \$40 Standard Membership \$75 Alumni & Friend Membership \$150 Spirited Membership

In honor of Leadership Lackawanna's 35th anniversary, I would like to donate an extra \$_____.

Name: _____

Address: _____

City, State, Zip: _____ E-mail: _____

Total Payment Amount: \$_____ Payment Type: Check (payable to Leadership Lackawanna) Visa MasterCard Amex Discover

Name on Card: _____ Card #: _____

Address of Card: _____

City, State, Zip of Card: _____ Verification Code: _____ Exp Date: _____

LEADERSHIP LACKAWANNA

ALUMNI AND FRIENDS ASSOCIATION ANNUAL MEMBERSHIP DUES PLEDGE CARD

Please accept my contribution in the amount of:

\$30 Out-of-State Membership \$40 Standard Membership \$75 Alumni & Friend Membership \$150 Spirited Membership

In honor of Leadership Lackawanna's 35th anniversary, I would like to donate an extra \$_____.

Name: _____

Address: _____

City, State, Zip: _____ E-mail: _____

Total Payment Amount: \$_____ Payment Type: Check (payable to Leadership Lackawanna) Visa MasterCard Amex Discover

Name on Card: _____ Card #: _____

Address of Card: _____

City, State, Zip of Card: _____ Verification Code: _____ Exp Date: _____