

LEAF Needs Your Support

If you can help LEAF continue to assist members at times of need and provide scholarships and grants, please fill out the payroll deduct below. (If each member gave \$1 a month, we could raise over \$24,000 a year to benefit our members and the education profession.)

Name _____

Building _____

Monthly contribution:

___ \$1

___ \$5

___ other \$ _____

Don't forget to put LEAF in your will
when you complete your estate planning.

One time contribution \$ _____

I want my contribution to go towards:

___ Scholarships/Grants

___ Catastrophic Assistance

___ Both

Thank you for your continued support of the LEA Foundation
Return this form to the LEA Office - Either through school mail (no box #) or via U.S. Mail at
LEA Foundation - 4920 Normal Blvd - Lincoln NE 68506