

BE A FRIEND OF ADULT LITERACY

Your donation is tax deductible to the extent provided by law.

Name/organization: _____

Mailing address: _____

How your donation can help

(please make a selection)

___ \$50 will add two books to our learner library

___ \$100 will give one learner access to online learning

___ \$500 will provide classroom instruction for 10 learners

___ Other amount _____

Thank you!
You will bring
the gift of
literacy to our
community!

This gift is (check one)

___ in honor of _____

___ in memory of _____

Payment options (check one)

Enclosed is a check payable to "Oakland Literacy Council"

Please charge my credit card the following amount: \$ _____

Visa

Master Card

Name (as it appears on card) _____

Card number: _____ Exp. Date: _____ CVV Code: _____

Signature: _____

Billing address: _____

City _____ State _____ Zip _____

Telephone (____) _____ Email: _____

Print and mail this form to:

Oakland Literacy Council

51111 Woodward Avenue, Suite 720, Pontiac, MI 48342