



La Comunidad Inc.

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www.lacomunidadinc.org

Yes, I want to support La Comunidad Inc. to help better assist the community, promote education in Everett and surrounded areas:

Name/Company: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Time Phone: _____ Fax: _____

E-Mail Address _____ Website: _____

I would like to make a contribution in the amount of \$ _____ to La Comunidad Inc.

I would like to pay my contribution as follows: (Please check your preference)

A check is enclosed for the full amount.

Please bill my credit card as indicated:

Card Type: MasterCard VISA Amount: \$ _____

Cardholder Name: _____ Card #: _____

Exp. Date: _____ CVCODE: _____ Cardholder Signature: _____

I would like to donate one time only.

I would like to make a monthly donation in the amount of: \$ _____. Please bill me as indicated, beginning: (Month/Year) _____

*Please make all payments payable to **La Comunidad Inc.***

Signature: _____ Date: _____
(Signature of party authorizing this gift commitment)

La Comunidad Inc. is a 501(c)(3) tax-exempt, non-profit organization. As such, all contributions to this organization are tax-deductible to the fullest extent allowed by law.

Thank you for your generous support.