

GIVING TO
CONTRIBUTION FORM

LAKOTA LANGUAGE CONSORTIUM

Name

Address

Preferred Email

MY GIFT TO LLC:

\$ _____

Check (payable to Lakota Language Conservancy)

Charge (VISA, MasterCard, or AmEx)

Account Number

Expiration Date

SUPPORT FLEXIBLE AREAS AT TLC:

Unrestricted

SUPPORT SPECIFIC AREAS:

RETURN BY MAIL

Lakota Language Conservancy
2620 N. Walnut St., Ste. 1280
Bloomington, IN 47404

GIVE ONLINE

www.lakhota.org

Eastern time 9AM - 5PM
Monday-Friday

888.525.6828

ADDITIONAL CORPORATE MATCH

I intend to submit a matching gift claim through my company:

Company Name