

LOS ALAMOS EMPLOYEES' SCHOLARSHIP FUND CAMPAIGN 2008 PLEDGE FORM

Please fill out your personal information on this pledge form and indicate giving and payment options below. Mail your completed form to:

LOS ALAMOS NATIONAL LABORATORY FOUNDATION (LAESF)

1112 Plaza del Norte
Española, New Mexico 87532

Donations may also be submitted to the LANL Foundation over the phone at 505-753-8890, or online at www.lanlfoundation.org.

Mr. Ms. Mrs. OTHER _____ LANL Z# _____

FIRST NAME _____ MI _____ LAST NAME _____

COMPANY NAME LANS KSL SOC Los ALAMOS RETIREE OTHER _____

WORK ADDRESS/MAIL STOP _____ WORK TELEPHONE _____ EMAIL ADDRESS _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

GIVING AND PAYMENT OPTIONS

Please check each fund that you would like to support. If you are pledging by payroll deduction, your contribution will be deducted each month beginning September 2008. The minimum monthly pledge is \$1.00 per month.

My total gift to the Los Alamos Employees' Scholarship Fund is \$ _____

Feel free to designate my donation to funds where needed most, OR

I wish to designate my donation to the following fund(s):

- | | | | |
|--|----------------|----|-------------------------|
| <input type="radio"/> Los Alamos Employees' Scholarship Fund | \$ _____/MONTH | OR | _____ % OF TOTAL PLEDGE |
| <input type="radio"/> Los Alamos Employees' Endowed Scholarship Fund | \$ _____/MONTH | OR | _____ % OF TOTAL PLEDGE |
| <input type="radio"/> Endowed Leadership Scholarship Fund | \$ _____/MONTH | OR | _____ % OF TOTAL PLEDGE |
| <input type="radio"/> Regional College Scholarship Fund | \$ _____/MONTH | OR | _____ % OF TOTAL PLEDGE |
| <input type="radio"/> LANL Retirees' Endowed Scholarship Fund | \$ _____/MONTH | OR | _____ % OF TOTAL PLEDGE |
| <input type="radio"/> Senator Pete Domenici Endowed Scholarship Fund | \$ _____/MONTH | OR | _____ % OF TOTAL PLEDGE |

PAYMENT OPTIONS:

I will pledge \$ _____ per month by payroll deduction, for a total yearly contribution of \$ _____

I am enclosing a check made out to the *Los Alamos National Laboratory Foundation* for \$ _____

Please charge my: VISA MASTERCARD \$ _____/MONTH OR \$ _____ TOTAL

CARD NUMBER _____ / _____ / _____ / _____ EXP. DATE _____ / _____ NAME ON CARD _____

SIGNATURE [REQUIRED FOR ALL GIFTS] _____

DATE _____

We recognize all donors by name. Do you wish to remain anonymous? Yes No