



**Donation Form**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial**

\_\_\_\_\_  
**Company (if applicable)**

\_\_\_\_\_  
**Home/Company Address (required)**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

I wish to support Learfield employees and family members through The Learfield Family Fund (the "Fund").

**My Total Pledge of \$** \_\_\_\_\_

I also authorize Learfield to deposit the attached amount to The Learfield Family Fund.

\_\_\_\_\_  
**Signature (required)**

\_\_\_\_\_  
**Date**

Please complete the above information and return this form with donation to the following address:

Jennifer Heim, CPA  
Vice President – Corporate Controller  
Learfield IMG College  
505 Hobbs Rd  
Jefferson City, MO 65109

Learfield Family Fund Tax ID: 81-1850006