

METHOD OF PAYMENT

Enclosed is my check payable to Leadership Pittsburgh Inc.

MasterCard Visa

Card Number

____/____
Expiration Date

Name on the card

Signature

(____) - ____ - ____

Phone Number

My company matches my gift (please include instructions)

Payment in full

4 installments charged quarterly

MAIL YOUR DONATION TO:

*Leadership Pittsburgh
Inc.*

*425 Sixth Avenue,
Suite 1120*

Pittsburgh, PA 15219

Donate Online!

www.lpinc.org