



Please mail form to:
Launch Leadership Foundation
1201 Infinity Court
Lincoln, NE 68512

Donor Information

School Name: _____

Address: _____ City: _____ Zip Code: _____

Advisor Name: _____ Email: _____

President Name: _____ Email: _____

Donation Information

☐ Enclosed is my donation of \$ _____

- Please make checks payable to Launch Leadership Foundation.
- Launch Leadership is a 501(c)(3) organization. Donations may be tax deductible.
- 100% of your donation will be forwarded to your specified cancer center along with a letter from us explaining Launch Leadership, NASC and what the money is to be used for.

☐ My council donated goods directly to our local cancer center.

- Tell us a bit about what you donated and how much: _____

- Please donate these goods directly to your local cancer center, but be sure to submit this form so your council can be recognized.

☐ My council donated our time to our local center center.

- Estimate how many hours you donated in total: _____

Your Local Cancer Center Information

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of contact at the center (optional): _____