



**I WOULD LIKE TO MAKE A TAX DEDUCTIBLE DONATION  
TO THE DAVID LEFF MEMORIAL FUND IN THE AMOUNT OF  
\$ \_\_\_\_\_**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check Enclosed (*Made payable to: Canton Main Street, Inc.*)

Credit Card (*Circle One*)



Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Comments:*