

2011 Generous Associates Campaign Individual Contribution Form

Please print the following information, and return to your Firm Coordinator.

Your Name: _____

Firm Name: _____

Office Address: _____

Home Address: _____

Office Phone: _____

Home Phone: _____

Email Address: _____

Firm Position: Associate Partner Other Attorney Non Attorney

Legal Aid would like to keep you informed of the important work we are doing. Please know that we do not share your email address outside of the organization. If you do not wish to receive our online newsletter, volunteer opportunities, or event invitations via email, please check here.

YES! I'd like to make a tax-deductible contribution to Legal Aid's 2011 Generous Associates Campaign.

I will be contributing \$_____ online by credit card at: www.legalaiddc.org
(American Express, Discover, MasterCard and Visa accepted)

Attached is my \$_____ check payable to "Legal Aid Society".

Please charge \$_____ to my credit card (check one):

American Express Discover MasterCard Visa

Card Number: _____ Expiration: ____/____

Card Verification Value: _____

(Note: The Card Verification Value number provides additional security. On Visa, MasterCard, and Discover cards it is a 3-digit number printed in the signature block on the back of the card. On American Express cards, it is a 4 digit number printed on the front of the card. Please note that some cards do not have a Card Verification Value. If this is your case, please enter three zeroes ("000") in the space above.)

Your name as it appears on your credit card (if different from above):

Exact billing address for your credit card (if different from your home address above):

Signature (required for all contributions)

Date