



Donation Form

Donor Information

Name/s: _____
Your name as you would like it to appear on our donor recognition materials:

_____ I would like to remain anonymous.

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Gift Information

Frequency of gift:

I am making a one-time gift in the amount of \$ _____

Recurring Gift

I am making a recurring gift in the amount of \$ _____ to be drawn

- Monthly
- Quarterly
- Annually

Payment Method

_____ My check (payable to Community Legal Aid Services, Inc.) is enclosed

_____ I/We would like to make credit card payments:

Please charge my credit card#:

Expiration Date: _____ CVV Number _____ Zip Code: _____

_____ Gift of stock. # of shares and name of securities: _____

_____ I would like to recommend a gift from (DAF/Community Foundation) _____

This gift is in honor/memory (circle one) of: _____

Please send an acknowledgement of this honor/memorial gift to (Name/Address):

Signature: _____ Date: _____

