



# Campaign for Legal Aid | Donation Form

ARKANSAS  
ACCESS TO  
JUSTICE  
REPRESENTING HOPE

Name \_\_\_\_\_  
(Please write your name as you want it to appear in next year's recognition publication.)

I/We would like to remain anonymous

Additional Names \_\_\_\_\_

Company/Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I/We want to join the 6.1 Club with a monthly gift of \$ \_\_\_\_\_.

Please return a voided check or fill out the credit card information below.

Signature \_\_\_\_\_

Please accept my one-time gift in the amount of \$ \_\_\_\_\_

I/We plan to make this contribution in the form of:  Cash  Check  Credit Card  Other: \_\_\_\_\_

Credit card type (Visa, MasterCard, Discover, American Express, Diner's card): \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CVV: \_\_\_\_\_

I/We would like to pledge \$ \_\_\_\_\_ to be billed and paid every

Month  Quarter  Annual in the month of \_\_\_\_\_

Make this donation  In honor of  In memory of \_\_\_\_\_

Please include full address of the individual or family whom we should notify of your contribution. All memorial and honorary gifts are acknowledged. The amount of the gift will remain confidential.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please return and make checks payable to:*

**Campaign for Legal Aid**

c/o Arkansas Access to Justice Foundation

1111 West 6<sup>th</sup> Street, Suite D | Little Rock, AR 72201