



# 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 Society** with a monthly gift of \$\_\_\_\_\_ to be debited from my (mark one)  checking  savings account  credit card

I would like for my account to be debited on the (check one)  1st  15th  last day of the month.

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

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

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

I/We are contributing in the form of:  Cash  Check  Credit Card

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

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

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

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 6th Street, Suite D | Little Rock, AR 72201

For more information about the Campaign for Legal Aid, please visit [www.arkansasjustice.org/CampaignForLegalAid](http://www.arkansasjustice.org/CampaignForLegalAid).