

# THE LEGAL AID SOCIETY

Justice in Every Borough.

Every day, in every borough, The Legal Aid Society works in courtrooms and communities to deliver justice to New Yorkers. Thanks for supporting our work.

Enclosed, please find my gift of: \$ \_\_\_\_\_

*\*Individuals donating \$2,500+ to The Legal Aid Society are eligible to join our annual donor membership program, the [Justice Network](#), and enjoy all associated benefits.*

Please check one:

- I want my gift to be used for the area with the greatest need.  
 I want my gift to support a specific area of Legal Aid's work. Please indicate below:

\_\_\_\_\_

## Donor Information

Donor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

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

## Please complete this form and mail to:

The Legal Aid Society  
Development Department  
199 Water Street  
New York, NY 10038

- I would like for this gift to remain Anonymous  
 My employer will match my gift (please include form)  
 I would like to learn more about Planned Giving

## Honor/Tribute Information

This gift is being made in  Honor  Memory of: \_\_\_\_\_

I would like the following individual to be notified of my gift (provide name & contact information)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Payment Information

I have enclosed a check in the amount above made payable to **The Legal Aid Society**

Please Charge My:  Visa  MasterCard  American Express  Discover

Cardholder Name: \_\_\_\_\_

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

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

Please enroll me in a monthly giving plan with monthly installments of \$ \_\_\_\_\_

**Thank You for Your Gift!**