

***2016 Associates Giving 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 |

🞏 EBCLC 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 toEBCLC’s 2016 Associates Giving Campaign.

🞏 I will contribute $\_\_\_\_\_\_\_\_\_\_\_\_ online ([www.ebclc.org](http://www.LegalAidDC.org))

 (PayPal, American Express, Discover, MasterCard and Visa accepted)

🞏 Attached is my $\_\_\_\_\_\_\_\_\_\_\_\_ check payable to “East Bay Community Law Center”.

🞏 Enclosed is $\_\_\_\_\_\_\_\_\_\_\_ in cash.

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

🞏 American Express 🞏 Discover 🞏 MasterCard 🞏 Visa

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_/\_\_\_\_\_

Card Security Code: \_\_\_\_\_\_\_\_\_\_

(Note: 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.)

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

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

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Signature (required for all contributions) Date