


Legal Aid helps families across Northeast Ohio access the power of law so they can live safer, healthier, and more financially stable lives. Now is the time to extend justice – with your support, Legal Aid will serve more people when and where they need civil legal counsel.

Three easy ways to make your commitment to Legal Aid today:

1. Complete and return this form,
2. Make a commitment online:  
lasclev.org/donate/ExtendJustice, or use the QR code 
3. Call Legal Aid today at 216-861-5590 to discuss your giving plan.



extendjustice.org

*By making your commitment known now, you won't be solicited later in the year, saving precious Legal Aid funds.*

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

**YES! Count on me for a new gift to Legal Aid:**

Amount: \$ \_\_\_\_\_

*I make this commitment for:*

**This amount in 2024 and for the next two years (2024-2026).**  
*Making a three-year commitment now saves Legal Aid money and helps us plan!  
 We understand you are letting us know your intention to give:  
 You will receive a reminder annually. Annual payment is due by December 31 each year.*

OR

**This amount for 2024 only.**

Payment Options:

- Recurring Gift (monthly) – fill out form on back of sheet →
  - Bill me (annual payment due by December 31)
  - Check (made payable to The Legal Aid Society of Cleveland)
  - Charge my credit card today
- VISA     MasterCard     American Express     Discover

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

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

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

OR, make your one time or recurring gift at: [lasclev.org/donate](http://lasclev.org/donate)

I wish to make my donations anonymously.

Other Special Notes:



The  
**Legal Aid Society**  
 of Cleveland  
*Since 1905*

# Donation Form

## Authorization for Recurring Credit Card Donation

I, \_\_\_\_\_, would like to make recurring payments to The Legal Aid Society of Cleveland in the amount of \$\_\_\_\_\_ each month on the

(check one)

1<sup>st</sup> OR  15<sup>th</sup> of each month for

(check one)

until further notice OR  12 months for a total donation of \$\_\_\_\_\_

I authorize The Legal Aid Society of Cleveland to retain my credit card information for this purpose only.

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

Date: \_\_\_\_\_

Confirm Contact Information for Gift:

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

Company Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

VISA     MasterCard     American Express     Discover

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

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

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

*Legal Aid assures the confidentiality of this information.*

If you have any questions, please contact Shauna Mendez, Development & Communications Manager, at 216.861.5415 or smendez@lasclev.org.