



The
Legal Aid Society
of Cleveland
Since 1905

Donation Form

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 216-861-5415 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 2025 and for the next two years (2025-2027).**
*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 2025 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

- ☐ I wish to make my donations anonymously.

Other Special Notes:



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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)

☐ 1st OR ☐ 15th 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.