



The Legal Aid Society of Cleveland plays a critical role in democracy by helping Northeast Ohio families move from poverty to greater community engagement.

Your support extends Legal Aid's reach to more families where and when they need civil legal counsel, and empowers them by removing barriers to opportunity. Thanks to the support of the philanthropic community, all clients receive services at no cost.

Let us know your pledge of support now, so we know we can count on you in 2020.

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

Name: _____

YES! Count on me for a 2020 gift to Legal Aid:

\$300 \$500 \$1000 \$1500 Other: \$ _____

Payment for 2020 is due by December 31.

2020 Payment Options:

___ **Recurring Gift** (monthly, quarterly, annually)... fill out form on back of sheet →

___ **Bill me** (payment due by December 31, 2020)

___ **Check** (made payable to **The Legal Aid Society of Cleveland**)

___ **Charge my credit card today** (for recurring gift options, see back)

___ VISA ___ MasterCard ___ American Express ___ Discover

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Account Number: _____ Expiration Date: _____

Card Holder's Signature: _____ Security Code: _____

*New credit card security rules require your **exact billing address**, as linked to your credit card.*

Or, make your one time or recurring gift at: www.lasclev.org/donate

Return this form to John Wiler at Legal Aid: (john.wiler@lasclev.org; 1223 West Sixth Street, Cleveland 44113)



Authorization for Credit Card Donation Installments

I, _____, would like to make recurring payments to The Legal Aid Society of Cleveland's 2020 Annual Campaign in the amount of \$_____ **each month** on the

(circle one) 1st OR 15th of each month for

(circle 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: _____

Donor Information

Last Name: _____ First Name: _____ MI: _____

Company Name: _____

Business Phone: _____ Home Phone: _____ Email: _____

____ I wish to make my donations anonymously.

Special Notes:

Billing Information

Name as it appears on the card: _____

Card Type (circle one): MasterCard Visa Discover American Express

Card Number: _____ Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Legal Aid assures the confidentiality of this information.

If you have any questions, please contact John Wiler, Development & Communications Associate at 216.861.5590 or john.wiler@lasclv.org.

The Legal Aid Society of Cleveland may not expend any funds for any activity prohibited by the Legal Service Corporation Act, 42 U.S.C. 2996 et. seq. or by Public Law 104-134, which requires that notice of these restrictions be given to all funders of programs funded by the Legal Services Corporation.

Legal Aid is a nonprofit organization. If no goods or services are received in exchange for this gift, it is 100% tax-deductible.