



Donation Form

Name _____
(Please write your name as you want it to appear in next year's recognition publication.)

I/We would like to remain anonymous

Additional Names _____

Company/Firm _____

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City _____ State _____ Zip _____

Phone _____ Email _____

Please designate my gift in the amount of \$ _____ for Legal Aid of Arkansas.

In addition to my enclosed gift, I would like to pledge \$ _____ to be paid every
 Month Quarter Year

Make this donation In honor of In memory of _____

Please include full address of the individual or family whom we should notify of your contribution. All memorial and honorary gifts are acknowledged. The amount of the gift will remain confidential.	Name _____
	Address _____
	City _____ State _____ Zip _____

I would like to receive email updates

Comments: _____

Please return and make checks payable to:

Legal Aid of Arkansas

1200 W Walnut St.
Suites 3101-3107
Rogers, AR 72756

For more information about Legal Aid of Arkansas, please visit www.arlegalaid.org.