



Dade Legal Aid
Put Something Back
 Est. 1949

PLEASE DONATE TO DADE LEGAL AID!
WE NEED YOUR HELP NOW MORE THAN EVER!

Name: _____ Bar Number: _____
 Firm/Company: _____
 Address: _____ Contact: _____
 City: _____ Zip: _____ E-mail: _____
 Phone: _____ Cell: _____ Website: _____

DONATION AMOUNT:

Below please find my donation to Legal Aid in the amount of:

___\$350* ___ \$500 ___\$750 ___\$1,000 ___\$2,000 ___\$2,500 ___\$5,000 ___\$10,000

___ **YES! I will make an additional donation to Legal Aid in the amount of**
\$_____ in Honor of or in Memory of _____.

(*Donating and Reporting Satisfies The Florida Bar Requirement)

PLEASE FILL BELOW TO PAY BY CREDIT CARD

(PLEASE NOTE WE ONLY ACCEPT VISA OR MASTERCARD)

For any additional questions please contact: PSB@dadelegalaid.org

MC/VISA# _____ Exp. _____

Card Holder Name: _____

Billing Address and Zip Code: _____

Payment Amount: \$ _____ Security Numbers (On Back of Card): _____

Signature: _____

THANK YOU FOR YOUR SUPPORT!