

**CLSACC/Community Legal Services And Counseling Center  
YES! I want to support CLSACC!**

First Name	Middle Initial	Last Name
Title (Mr./Mrs./Ms.)	Street	
City	State	Zip
Home Phone	E-mail	

**GIFT DESIGNATION:**

This Gift is being made in honor/memory of \_\_\_\_\_

On the occasion of their \_\_\_\_\_

Please notify \_\_\_\_\_

At the following address \_\_\_\_\_

**PAYMENT INFORMATION**

*(Please note all information must be provided in order to process your credit card donation):*

Name as it appears on your credit card: \_\_\_\_\_

\*\*Amount of donation \$ \_\_\_\_\_ Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ exp. Date \_\_\_\_\_ security # \_\_\_\_\_

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

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

**Please Check all that apply:**

Yes, I would like to receive information about CLSACC via email

I would like my name listed as follows in CLSACC's Annual Report: \_\_\_\_\_

Please omit my name from any published donor listings

**THANK YOU FOR YOUR DONATION TO CLSACC!**