


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 216-861-5590 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 2024 and for the next two years (2024-2026).
*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 2024 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:



The
Legal Aid Society
 of Cleveland
Since 1905

Donation Form

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 Camille Dickson, Development & Communications Manager, at 216.861.5590 or camille.dickson@lasclv.org.