

CONTRIBUTION FORM

I want to support the work of the Legal Aid Society of the Orange County Bar Association, Inc. My financial contribution will provide legal services for abused and neglected children, low-income families, the working poor, and other disadvantaged groups with special needs. I have enclosed a check in the amount of:

\$25.00
 \$50.00
 \$100
 \$250
 \$500
 Other _____

Do you wish to remain anonymous? YES NO

 My contribution is in honor/in memory of: _____

Do you want us to send a confirmation of this gift to someone? Please provide name and address: _____

I am interested in considering Legal Aid in my will or in pledging other assts or property, please contact me.

NAME	
MAILING ADDRESS	
CITY/STATE/ZIP	
PHONE	
EMAIL	

PLEASE MAKE CHECKS PAYABLE TO AND RETURN TO:

LEGAL AID SOCIETY
 100 EAST ROBINSON STREET
 ORLANDO, FLORIDA 32801-1694
 TELEPHONE NUMBER: (407) 841-8310
 FAX NUMBER: (407) 648-9240

A COPY OF THE LEGAL AID SOCIETY'S OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1-800-HELP FLA (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. THE REGISTRATION NUMBER ISSUED TO THE LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOCIATION, INC. BY THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES IS SC-00396. NO PROFESSIONAL SOLICITORS HAVE BEEN CONTRACTED BY OUR ORGANIZATION. THEREFORE 100% OF YOUR CONTRIBUTION WILL BE RECEIVED BY THE LEGAL AID SOCIETY.