



Donation Form

Name: _____
(Please write your name as you want it to appear in recognition publications)

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Amount:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> \$1,000.00 | <input type="checkbox"/> \$125.00 |
| <input type="checkbox"/> \$500.00 | <input type="checkbox"/> \$50.00 |
| <input type="checkbox"/> \$250.00 | <input type="checkbox"/> Other: \$ _____ |

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 the 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: _____

Please return and make checks payable to:

P.O. Box 2913, Huntsville, Alabama 35804

Phone: (256) 539-2275 ♦ Fax: (256) 533-1262

Madison County Volunteer Lawyers Program is a 501(c)3 Non-Profit Organization