



Yes! I want to support Legal Services of North Florida, Inc.

PLEASE FILL IN THIS FORM WITH YOUR CONTRIBUTION*

Name: _____

Law Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Preferred E-mail address: _____

YES! I want to IMMEDIATELY support Legal Services of North Florida, Inc. whether or not it is to fulfill my annual pro bono professional responsibility with the Supreme Court suggested contribution of \$350.00. I am enclosing additional support of \$ _____.

I want to give \$350 or more at \$30 or more monthly ___ x 12 = \$ _____ to become a Justice Advocate!

I am enclosing an additional gift of \$ _____ for LSNF's Endowment Fund.

I have already designated \$ _____ to LSNF through the United Way or CFC campaign.

I want to volunteer. Contact me about volunteer opportunities.

#4 Elderly Representation

WHERE I WANT MY ANNUAL \$ _____ #1 Leave to discretion of LSNF

#5 Rural Outreach Services

CONTRIBUTION TO GO: _____ #2 Domestic Violence

#6 Children's Legal Representation

(PLEASE CHECK ONLY ONE) _____ #3 Homeless Legal Representation

#7 Disaster Preparedness and Engagement

****Make check payable to Legal Services of North Florida, Inc. • 2119 Delta Blvd. • Tallahassee, FL 32303-4220 • 850-385-9007***

Credit Card Number: _____ Exp. Date _____ Security Code _____ Signature _____

(All major credit cards accepted)