



Your tax-deductible gift will help Broward's underserved communities receive the free civil legal services they so desperately need.

Name _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I would like to make a contribution in the amount of:

___\$1,000 ___\$500 ___\$250
___\$100 ___\$50 ___Other _____

My check made payable to Legal Aid Service of Broward County is enclosed.

Please charge my gift to:    

Card Number _____

Security Code _____ Expiration Date: ____/____/____

Signature: _____ Date: ____/____/____

Please print, complete, and mail this form with your check or credit card information to:

Legal Aid Service of Broward County

P.O. BOX 120910

Ft. Lauderdale, FL 33312-0016

Thank You For Your Donation!