



# EAST LOS ANGELES OFFICE CAPITAL CAMPAIGN PLEDGE FORM

To demonstrate my/our support for the mission of the Legal Aid Foundation of Los Angeles,  
I/we hereby agree to contribute the sum of \$\_\_\_\_\_ to LAFLA's East Los Angeles Office Capital Campaign.

## GIFT/PLEDGE INFORMATION

- This gift is paid in full by check or credit card (see below).
- Payments to be made in installments:  Annually  Semi-annually  Quarterly  Monthly  
Over 1 2 3 4 5 Years (circle one), Starting Month\_\_\_\_\_Year\_\_\_\_\_
- Enclosed is a check in the amount of \$\_\_\_\_\_ made payable to  
Legal Aid Foundation of Los Angeles.
- Please charge \$\_\_\_\_\_ to my credit card (fill in below form)  
Note: Credit card payments will include a processing fee.
- I authorize LAFLA to automatically charge future installment payments to my credit card until my  
pledge is paid in full. (fill in below form)
- I/we wish to make a gift of stocks or securities. Please contact me with transfer instructions.

**In consideration of this gift, I/we understand that my/our name will be listed as a donor on the Donor Wall in the East Office.**

Donor Signature\_\_\_\_\_ Date\_\_\_\_\_

Donor Signature\_\_\_\_\_ Date\_\_\_\_\_

## DONOR INFORMATION

This gift is from an  Individual  Business

Name(s)\_\_\_\_\_

Business Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Business Phone\_\_\_\_\_

Email\_\_\_\_\_ Fax Number\_\_\_\_\_

For recognition purposes, please list my/our name(s) as:  I/we wish to remain anonymous.  This gift will be  
matched by\_\_\_\_\_

Dedication/Naming opportunity requested\_\_\_\_\_

Enclosed is a check.  A check is forthcoming. (Send form and check to LAFLA, 1550 W. 8th St., Los Angeles, CA 90017)

Please charge my:  Visa  MasterCard  Discover  AMEX Amount \$:\_\_\_\_\_

Note: Credit card payments will include a processing fee.

Card Number\_\_\_\_\_ Exp. Date\_\_\_\_\_ Signature\_\_\_\_\_

Firm/Corporation\_\_\_\_\_

Contact\_\_\_\_\_

Mailing Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Phone\_\_\_\_\_ Mobile\_\_\_\_\_ Fax\_\_\_\_\_ Email\_\_\_\_\_

*Contributions are tax deductible to the extent allowed by law. LAFLA is a 501 (c)(3) organization. Tax ID # 95-1684067*

**Return completed form to [LEtkins@lafla.org](mailto:LEtkins@lafla.org)**