

EAST LOS ANGELES OFFICE CAPITAL CAMPAIGN PLEDGE FORM

To demo	onstrate my/our support for	the mission of the Leg	al Aid Foundation of L	os Angeles,	
I/we her	eby agree to contribute the	sum of \$	to LAFLA's East L	os Angeles Off	ice Capital Campaign.
GIFT/I	PLEDGE INFORMATION	ON			
	This gift is paid in full by che Payments to be made in in Over 1 2 3 4 5 Years (circle Enclosed is a check in the Elegal Aid Foundation of Louisian Please charge \$	stallments: □Annually one), Starting Month_ amount of \$ os Angeles to my c ts will include a proces matically charge future below form)	□Semi-annually □Qu made payable to redit card (fill in below sing fee. installment payments	Yearo form) to my credit ca	ard until my
	consideration of this gift, I/ onor Wall in the East Office		ny/our name will be lis	sted as a dono	r on the
Do	onor Signature			Date	
Do	onor Signature			Date	
DONC	OR INFORMATION				
Na	iis gift is from an □Individua ame(s) Isiness Name				
	 ddress				
Home Phone Business Phone Email Fax Number					
Fo	r recognition purposes, plea atched by	ase list my/our name(s)	as: □I/we wish to rem	nain anonymou	s. □This gift will be
De	edication/Naming opportuni	ty requested			
□ Enclose	d is a check. □ A check is forth	coming. (Send form and che	eck to LAFLA, 1550 W. 8th S	St., Los Angeles, C	A 90017)
	charge my: □ Visa □ MasterCa it card payments will include a processi		1EX	Amount \$:	
Card Num	ber	Exp. Date_	Signature		
Firm/Corp	poration				
Contact					
Mailing Ad	ldress	Cit	у	StateZ	IP
Dhone	Mohile	С	ay	Email	