

# Atlanta Council of Younger Lawyers Section

## 2017 Associates' Campaign for Legal Services

### Contribution Form



**ATLANTA BAR ASSOCIATION**  
LAWYERS WHO SERVE

The Campaign's beneficiary organizations need your support! Please complete the contribution form and return it with your payment via email, fax or mail to the Atlanta Bar Association, ATTN: Karen English.

229 Peachtree Street NE, Suite 400  
Atlanta, GA 30303  
Phone: (404) 521-0781 Fax: (404)522-0269  
[www.atlantabar.org](http://www.atlantabar.org)  
[sections@atlantabar.org](mailto:sections@atlantabar.org)

Please fill out one form for each beneficiary organization to which you plan to contribute. **The deadline to submit payment is November 30, 2017.**

## Contact Information

GA Bar #: \_\_\_\_\_ Name: \_\_\_\_\_

Informal Name (for name tag): \_\_\_\_\_ Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This is new contact information, please update my Atlanta Bar Association record with this information.

## Participating Organizations

Please fill out one form for each beneficiary organization to which you plan to contribute. Visit [www.atlantabar.org](http://www.atlantabar.org) to learn more about this worthy community of participating groups.

- Atlanta Legal Aid Society
- Atlanta Volunteer Lawyers Foundation
- Georgia Appleseed Center for Law and Justice
- Georgia Innocence Project
- Georgia Law Center for the Homeless
- Georgia Appellate Practice and Educational Resource Center (Georgia Resource Center)
- Georgia State University College of Law Investor Advocacy Clinic
- Georgia State University Law School's Center for Access to Justice
- ProBono Partnership of Atlanta
- Southern Center for Human Rights
- Truancy Intervention Project

## Payment

Please complete this form and return it to the Atlanta Bar Association with your payment. **If you are paying with a check, please provide one check per donation made payable to the beneficiary organization.** This information will be forwarded to the beneficiary organization for processing. The deadline to submit payment is October 31, 2016.

Total Amount \_\_\_\_\_

- Billable hour
- Check made payable to organization
- Credit card
- American Express  Mastercard  VISA  Discover

Cardholder Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC # \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature \_\_\_\_\_