

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
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 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 _____