

RETURN THIS FORM WITH YOUR CONTRIBUTION

Partners in Service

Name: _____

Law Firm: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Current Pro Bono Service: _____

Email Address: _____

Yes! ___ I want to **Immediately** support Legal Services of North Florida, Inc. while I fulfill my annual pro bono responsibility with the Supreme Court suggested contribution of \$350.00.

___ I am enclosing additional support of _____.

___ Other _____

Signature _____

Master Card/Visa # _____ Exp. date _____

WHERE I WANT MY \$ CONTRIBUTION TO GO (PLEASE CHECK ONLY ONE)

_____ #1 Domestic Violence Project _____ # 4 Rural County Outreach
_____ #2 Homeless Legal Representation _____ # 5 Staff and Volunteer Lit. Fund
_____ #3 Elderly Representation Project _____ # 6 Leave to discretion of LSNF

Make check Payable to Legal Services of North Florida, Inc., 2119 Delta Blvd, Tallahassee, FL 32303, (850) 385-9007.