

## Your Information

Please complete this section to receive your tax receipt.

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please make my gift anonymous  I am an attorney

Remit to:  
Eastside Legal Assistance Program  
1239 120th Ave NE Ste J  
Bellevue, WA 98005

## Gift Information

I would like to pledge:

Per Month \$ \_\_\_\_\_  Per Quarter \$ \_\_\_\_\_  Semi-annually \$ \_\_\_\_\_ OR  One-time Gift \$ \_\_\_\_\_

Total Gift:

\$5,000  \$2,500  \$1,000  \$500  \$250  \$150 Other: \$ \_\_\_\_\_

Company Matching

My employer may match my gift. Company: \_\_\_\_\_

## Payment Information

Check enclosed (payable to Eastside Legal Assistance Program)

Credit Card:  Visa  Master Card  Discover  American Express

Name on card \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

CVV \_\_\_\_\_

## Get Involved!

Please contact me about:

I'd like to learn about volunteer opportunities  
 Clinics  Pro Bono Representation  Speaker  Board Membership  Other

Including ELAP in my Will/ Estate Plan

Donating Stock



Thank you for  
supporting civil legal aid!



Supporting legal assistance to low-income residents  
and domestic violence survivors in King County

ELAP is a 501(c)3, tax-exempt organization.  
Donations are tax-exempt to the extent allowed by law.  
Our tax number is 91-1471384