



117 North State Street Tel: (603) 206-2228
Concord, NH 03301 Fax: (603) 224-2053

Visit us at www.nh-cls.org

Legal Advice & Referral Center
New Hampshire Pro Bono Referral Program
New Hampshire Legal Assistance

2010 SUPPORT FORM

To support the Campaign for Legal Services and New Hampshire's legal aid organizations serving low-income and elderly clients in New Hampshire, I/my firm commit(s) to making the following tax-deductible annual campaign gift:

GIVING LEVELS: Visionary \$5,000 or greater, Benefactor \$1,000 - \$4,999, Champion \$750 - \$999, Pacesetter \$500 - \$749, Supporter \$250 - \$499, Sustainer \$100 - \$249, Contributor Up to \$99. DONOR INFORMATION: Individual gift or Firm gift, Name, Firm, Firm's Primary Contact, Address, Phone, Email, Signature, Date.

PAYMENT METHOD (check one)

- Check Enclosed (please make check payable to: "Campaign for Legal Services")
Bill me/my firm in the month of 2010.
Payroll deduction (if available).
Automatic Checking Account Deduction (complete reverse side of this form).
Credit Card: Please place my/our gift of \$ on my/our MasterCard VISA
Account No. Exp. Date:
Signature: Date:

*** RECOGNITION ***

This gift is made on behalf of:

- Individual indicated above.
Firm indicated above. (Please attach list of each attorney's name and gift amount if individual recognition is desired.)
This gift is an anonymous gift. Please do not list my/our name(s).
This gift is in honor of:
Send acknowledgement to:
This gift is in memory of:
Send acknowledgement to:

**DEBIT AUTHORIZATION AGREEMENT
CHECKLESS PAYMENT AUTHORIZATION**

I authorize the CAMPAIGN FOR LEGAL SERVICES to initiate monthly deductions from my checking account as payment(s) for my donation. I authorize the DEPOSITORY named below to accept the deductions initiated by the CAMPAIGN FOR LEGAL SERVICES.

The CAMPAIGN FOR LEGAL SERVICES may deduct monthly payments from my account ON or AFTER the 10th day of each month as follows:

MONTHLY AMOUNT OF \$ _____

BEGINNING ON OR AFTER THE 10TH DAY OF _____ FOR _____ MONTHS

ONE-TIME DONATION OF \$ _____

BANK NAME: _____

BRANCH: _____

CITY, STATE, ZIP: _____

BANK TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING SAVINGS OTHER (check one)

I have the right to terminate this authorization at any time by notifying the CAMPAIGN FOR LEGAL SERVICES in writing. Deduction will then be terminated within 10 business days of receipt of written notification.

PRINT NAME: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

You may return this form by:

FAXING to: 603.224.2053

EMAILING to: churley@nhla.org

**MAILNG to: Campaign for Legal Services
117 North State Street, Concord, NH 03301**

**THANK YOU FOR YOUR GENEROUS SUPPORT OF LEGAL AID IN
NEW HAMPSHIRE!**