



| I/We   |   |
|--|---|
| Name(s)  | PLEASE PRINT  |
| Street Address   |   |
| City, State, Zip   |   |
|  | gal Aid, Inc. a gift in the amount of \$ This pledge is bersonal commitment and investment in the organization. |
| Full payment enclosed I/We prefer to make page 1   | d or<br>ayment by <b>December 31, 2016</b>  |
| Legal Aid Bureau Inc<br>Resource Developm<br>500 E. Lexington Str<br>Baltimore, MD 21202<br>Or donate by Master Ca | nent Unit<br>reet<br>2  |
| Name as it appears on  | card:   |
| Credit Card #:   | Expiration Date:  |
| My employer will mate  | ch my gifts to Maryland Legal Aid!  |
| Employer Name:   |   |
| Employee Name:   |   |
| Matching form enclo  | osed No form required; my employer will send the gift(s)  |
| Signature  | Date  |

The Legal Aid Bureau Inc. is a 501(c) (3) organization that provides free civil legal services to low-income people in every Maryland community. A copy of our current financial statement is available upon request by calling our office: (410) 951-7719. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401, for the cost of copying and mailing. All funds received by the Legal Aid Bureau, Inc. are spent in accordance with the Legal Services Corporation Act of 1974, as amended 1977, 42 U.S.C. §§ 2996 et. seq., its implementing regulations, 45 C.F.R. § 1600 et. seq., and other applicable law.