



Yes! I want to support the Disability Rights Legal Center
Please print out this form and fax it to (213) 736-1030, or mail to:

Disability Rights Legal Center
800 S. Figueroa St., Ste. 1120
Los Angeles, CA 90017
Attention: Development

Date _____

Please print clearly

Last Name First Name Middle Initial

Company Name (for business donations only)

Mailing Address Suite/Apt.

City State Zip

Home Phone Business Phone Fax Number

I want to make a contribution of \$ _____

or a pledge contribution of \$ _____ **per month over** _____ **years**

Payment Method:

VISA MasterCard Check (payable to Disability Rights Legal Center)

Credit Card Number _____ Expiration _____

Name on Card _____

Signature _____

(optional) My gift is: in memory of in honor of _____

Please send acknowledgment letter to (name and address): _____

 I do not want my name to appear in any publications I prefer that my gift remain anonymous

Thank you for supporting the Disability Rights Legal Center

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