



**Yes, I would like to make a contribution to assist NLADA's Hurricane Katrina relief efforts**



NAME: \_\_\_\_\_

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\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- Enclosed is my check payable to National Legal Aid & Defender Association for \$\_\_\_\_\_.
- Please bill my credit card for \$\_\_\_\_\_.
  - Visa                       MasterCard
  - Name on Card: \_\_\_\_\_
  - Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
  - Signature: \_\_\_\_\_
- I would like to be an anonymous donor.

***THANK YOU FOR YOUR SUPPORT OF  
NLADA'S HURRICANE KATRINA RELIEF EFFORTS***

Please return this form with your contribution to:  
**NLADA Hurricane Relief Efforts • 1140 Connecticut Ave., Suite 900 • Washington, DC 20036**  
**Phone (202) 452-0620 • Fax (202) 872-1031 • [development@nlada.org](mailto:development@nlada.org)**

*NLADA is a 501(c)(3) organization and your contribution is tax-deductible as allowed by law.*