Monthly Donation Form

To join our Heroes of Justice, simply fill out this form and return it to us with your first check. The form is not necessary for subsequent checks.

Please note we will NOT invoice you.

______________________________________________________________________________
NAME

______________________________________________________________________________
ORGANIZATION/FIRM

______________________________________________________________________________
EMAIL

______________________________________________________________________________
PHONE

______________________________________________________________________________
ADDRESS

______________________________________________________________________________
CITY/STATE/ZIP

MONTHLY DONATION AMOUNT

☐ $5  ☐ $10  ☐ $25  ☐ $50  ☐ $100  ☐ SURPRISE US! $_______

MAKE CHECK PAYABLE TO:
Legal Aid of Western Missouri

MAIL TO:
Legal Aid of Western Missouri
4001 Blue Parkway, Suite 300
Kansas City, MO 64130

LEGAL AID OF WESTERN MISSOURI IS A 501(C)(3) CORPORATION & YOUR CONTRIBUTIONS MAY BE TAX DEDUCTIBLE.