



# 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.

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NAME

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ORGANIZATION/FIRM

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EMAIL

PHONE

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ADDRESS

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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