



CHESAPEAKE  
LEGAL ALLIANCE

## CONTRIBUTION FORM

### Donor Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Enclosed is my tax-deductible gift of: \$ \_\_\_\_\_

Please keep my donation confidential

### Matching Gift Opportunity

My employer will match my gift.

Employer Name \_\_\_\_\_

Employer contact \_\_\_\_\_

### Instructions

1. Make check payable to: *Chesapeake Legal Alliance*
2. Include this completed form with your check.
3. Mail to: Chesapeake Legal Alliance, 501 Sixth Street, Ground Floor Suite, Annapolis, MD 21403

Thank you for your support!!!