

**CLSACC/Community Legal Services And Counseling Center
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This Gift is being made in honor/memory of _____

On the occasion of their _____

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(Please note all information must be provided in order to process your credit card donation):

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Yes, I would like to receive information about CLSACC via email

I would like my name listed as follows in CLSACC's Annual Report: _____

Please omit my name from any published donor listings

THANK YOU FOR YOUR DONATION TO CLSACC!