



PLEDGE FORM

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TOTAL GIFT: \$ _____

Please select one of the following:

- Law Firm* Attorney Judiciary Business* Foundation* Individual Board Member

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Check enclosed: \$ _____ Balance due: \$ _____ Bill me for the balance on (date): _____

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Required fields for credit card contributions

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Please make check payable to:
Legal Aid Services of Oklahoma, Inc.
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Oklahoma City, OK 73106
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