

# DONOR FORM

Legal Assistance of Olmsted County

Date: \_\_\_\_\_

Name(s) : \_\_\_\_\_

This gift is in memory of:

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone : \_\_\_\_\_

Do not include my name in the  
published list of donors.

E-Mail : \_\_\_\_\_

Attached is my contribution of: \$ \_\_\_\_\_

Please return this form and your donation to:

Legal Assistance of Olmsted County  
1136 Seventh St. N.W.  
Rochester, MN 55901

Or donate online at [www.laocmn.org](http://www.laocmn.org)

*Thank you for your support!*