

Help make a difference.

Donate to one or more of OCDLA's funds.

Scholarship Fund — Assists members who otherwise would not be able to attend OCDLA seminars.

Legislative Advocacy — Supports OCDLA's lobbying effort, which focuses on securing public defense funding, promoting legislation beneficial to the criminal justice system, and protecting the constitutional and statutory rights of those accused of crime.

Building Fund — Funds go toward the purchase of an office building, a priority of the OCDLA Board.

Nonprofit Status

OCDLA is a 501(c)(3) nonprofit educational association, governed by a 14-member board.

Check with your tax advisor regarding whether or not your contribution to OCDLA is tax deductible.

OCDLA Tax ID # (93-0743226).

OCDLA Donation Form

Scholarship Fund

I am enclosing a donation to the **Scholarship Fund** in the amount of:

- \$25 \$50 \$100 \$250
 \$500 \$1,000 \$2,500 \$5,000 Other Amt: \$ _____
 Monthly Donation? I would like to make a monthly credit card donation in the amount indicated above.

Legislative Advocacy Fund (This is not the OCDLA-PAC.)

I am enclosing a donation to the **Legislative Advocacy Fund** in the amount of:

- \$25 \$50 \$100 \$250
 \$500 \$1,000 \$2,500 \$5,000 Other Amt: \$ _____
 Monthly Donation? I would like to make a monthly credit card donation in the amount indicated above.

Building Fund

I am enclosing a donation to the **Building Fund** in the amount of:

- \$25 \$50 \$100 \$250
 \$500 \$1,000 \$2,500 \$5,000 Other Amt: \$ _____
 Monthly Donation? I would like to make a monthly credit card donation in the amount indicated above.

Check this box if you do not want your donation recognized publicly.

Please print.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Total Enclosed: \$ _____

Check enclosed VISA/MC/AMEX/Discover

Name on Card _____ Card Number _____

Exp. Date _____ CVC# _____ Billing Zip _____