



**ANNUAL
GIVING LEVELS**

Founder - \$2,500 Associate - \$250
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Of Counsel - \$500

**LIFETIME
GIVING LEVELS**

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I will support the Virginia Law Foundation's efforts with a tax-deductible gift of

\$5,000 \$2,500 \$1,000 \$500 \$250 Other \$ _____

This gift is in honor of in memory of _____

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- I would like to receive information about including the Virginia Law Foundation in my estate.

I would like to allocate my gift as follows:

- The Foundation's Annual Grants Program \$ _____
- The Bobzien-Gaither Education Center \$ _____
- The Adam Roush Scholarship Fund \$ _____

NAME (as you would like your gift to be recognized) _____

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Address _____

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Enclosed is my check payable to the Virginia Law Foundation.

Please bill my credit card. No. _____ Exp. Date _____

Name on Card _____

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Signature _____

Please mail completed form to

VIRGINIA LAW FOUNDATION
105 Whitewood Road
Charlottesville, VA 22907

**Thank you for helping us make
a difference in the lives of real people!**