

## **AALL CONTRIBUTION FORM**

I would like to contribute to the American Association of Law Libraries (AALL). Please allocate my contributions as follows.

CONTRIBUTION ITEM	MS					
AALL Grants	In memo	ry of		In honor of	\$	
AALL Scholarships	In memo	ry of		In honor of	\$	
George Strait Minority Scholarship Endowment	In memo	In memory of		In honor of	<u> </u>	
Government Relations	In memo	ry of		In honor of	\$	
Alan Holoch Memorial Gra	ant In memo	ry of		In honor of	\$	
Foreign, Comparative & In Schaffer Grant for Foreigr		CIL-SIS)				
	In memo	ry of		In honor of	\$	
Marla Schwartz Grant, Fur Technical Services Specia						
	In memo	ry of		In honor of	\$	
				TOTAL AMOU	JNT PLEDGED \$	
CONTACT INFORMA	TION					
Full Name (include Mr./Mrs	./Ms.):					
Name of Firm/Institution:				Title:		
Address:			City/State/Zip:			
Phone (include extension):						
PAYMENT INFORMA	TION					
☐ Check Enclosed	Cardholder Name (	please print):				
☐ VISA	Card Number:					
Mastercard				(* 3 digits for Mastercard and Visa)		
American Express				Date:		

## MAIL CONTRIBUTION FORM AND PAYMENT TO:

American Association of Law Libraries 105 W. Adams Street, Suite 3300 Chicago, IL 60603

AALL is a 501(c) 3 not-for-profit organization, and your contribution may be tax-deductible.