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## Judge Robert J. Simms Memorial Fund

Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ I wish to remain anonymous \_\_\_\_\_

- I wish to contribute \$ \_\_\_\_\_ to the Judge Robert J. Simms Memorial Fund.
- I would like information about contributing appreciated stock and/or gift annuity for the Judge Simms Memorial Fund.
- I wish to pay by credit card:
- Visa or Master Card (circle one) Account Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Signature Required \_\_\_\_\_
- Please bill me \$ \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_

Please make **check payable to:** Community Foundation of Tampa Bay and  
**mail to:** Bay Area Legal Services, 829 W. Martin Luther King Blvd., Ste. 200, Tampa, FL  
33603-3336

In Honor of \_\_\_\_\_ or In Memory of \_\_\_\_\_ Dedicated to \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A COPY OF THE OFFICIAL CHARITABLE ORGANIZATION REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (1-800-435-7352) WITHIN FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. REGISTRATION # SC01969. AS A CONDITION OF THE FUNDING RECEIVED BY THE LEGAL SERVICES CORPORATION (LSC), BAY AREA LEGAL SERVICES MAY NOT EXPEND ANY FUNDS FROM WHATEVER SOURCE FOR ANY ACTIVITY PROHIBITED BY THE LSC ACT OR BY PUBLIC LAW 105-119.

IN ACCORDANCE WITH IRS REGULATIONS, THIS LETTER WILL CONFIRM THAT NO GOODS OR SERVICES WILL BE GIVEN IN RETURN FOR THIS DONATION. BAY AREA LEGAL SERVICES DOES NOT UTILIZE THE SERVICES OF PROFESSIONAL SOLICITORS AND THEREFORE RECEIVES 100% OF EACH CONTRIBUTION.