



**PRO BONO
INSTITUTE**

LAW FIRM PRO BONO PROJECT

**2014-2015
Membership Invoice
Law Firm Pro Bono Project**

Primary Firm Contact _____

Firm _____

Address _____

City _____ State _____ Postal Code _____

Country _____

Phone _____ Fax _____

E-mail _____

Yes! My firm wants to demonstrate its leadership and support for pro bono while receiving valuable benefits and services from the Law Firm Project by becoming a Member Firm at the lowest possible cost.

50-199 Attorneys Firmwide	200-499 Attorneys Firmwide	500-999 Attorneys Firmwide	1000+ Attorneys Firmwide
\$1,500	\$2,150	\$2,500	\$3,000

Method of Payment

Check (payable to Pro Bono Institute) Visa MasterCard American Express

Credit Card # _____ Credit Card Expiration Date _____ / _____

Total Enclosed US\$ _____ Signature _____

Complete this form and return it with your payment to:

Tammy Taylor
Director
Law Firm Pro Bono Project

1025 Connecticut Ave. NW, Suite 205
Washington, DC 20036
Tel: 202.729.6690