

INDIANA PUBLIC DEFENDER COUNCIL DONATION PROGRAM

Dear Donor,

Thank you for your financial support. Your donation allows us to continue our mission of member support and advocacy.

The Indiana Public Defender Council’s (IPDC) mission is to provide training, publications, research, consultation on strategy and tactics, sentencing and mitigation support, technical assistance on office automation and information systems to public defenders and assigned counsel.

To assist the Council in fulfilling its mission of improving legal representation in Indiana, IPDC may receive financial donations and voluntary uncompensated services. Financial donations can be received so long as they are consistent with our mission. IPDC reserves the authority to decline any restricted donation which, upon acceptance, would require IPDC to act outside of or in conflict with its mission.

Donor Information

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| | Do you prefer your donation to be anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|------|
| PLEASE CHECK ONE: <input type="checkbox"/> Trail Practice Institute (TPI) Scholarship <input type="checkbox"/> Other IPDC training Scholarship <input type="checkbox"/> National Public Defense Training Scholarship <input type="checkbox"/> Donation to support the IPDC’s mission | |
| DONATION AMOUNT | DATE |

All donations for scholarships will be awarded based on criteria established by the IPDC Board of Directors. Please consult your financial advisor and/or legal counsel to determine if your donation is tax deductible. IPDC and our members appreciate your commitment to improving public defense.

Donor Name: _____

Credit Card Authorization Form For IPDC Donation and Scholarship Purposes

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until your donation is processed or cancelled at your request.

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| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER: _____ |
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| Cardholder ZIP Code (from credit card billing address): _____ |

I, _____, authorize the Indiana Public Defender Council to charge my credit card above for agreed upon donation(s).

Donor Signature

Date

Thank you for your generous donation. Please return this form document with either a check or the below credit card authorization form to the address below.

Checks payable to: Indiana Public Defender Council

Indiana Public Defender Council
309 W. Washington Street, Suite 401
Indianapolis, IN 46204

Donor Name: _____