



Donation Form

Thank you for your generosity in supporting LathamCares. Your donation will help provide immediate assistance to colleagues affected by significant financial hardships

Donor Information

Full Name: _____

Position (Partner/Counsel/Associate/Staff): _____

Office: _____

Email: _____

Phone: _____

Donation Method

Fill out the required fields for your preferred payment method; then electronically sign, date and email this form to donations@lathamcares.org using the button below.

Wire Transfer

One time wire transfer to LathamCares Amount: _____ (\$1.00 minimum)

Contact Farhan Aziz or Joan Pew for wiring instructions.

Note: Your institution may charge an outgoing wire fee.

Payroll Deduction (Latham & Watkins US counsel, associates and staff only)

Payroll deduction¹ Amount: _____ (\$1.00 minimum) One time Per paycheck

Partner Draw Deduction (All Latham partners)

Draw deduction² Amount: _____ (\$1.00 minimum) One time Monthly

¹ Submission of this form authorizes the specified deduction from your upcoming payroll cycle.

² Your draw deduction will be taken out via the next draw deduction period from the date you submit this form.

Submission Instructions

I understand that my donation to LathamCares becomes the property of LathamCares, and that LathamCares has ultimate control, authority, and discretion with regard to its assets. All grants made by LathamCares are at the sole and independent discretion of the Distribution Committee and LathamCares Board of Directors. I confirm that I will receive no tangible benefit or privilege from either LathamCares or Latham & Watkins LLP in return for my donation.

Once completed, **please submit a signed copy** of this form to donations@lathamcares.org.

Date

Signature

If you have any questions, please reach out to assistance@lathamcares.org.

Thank you for your support!