# VOLUNTEER RECOGNITION FORM

Paralegal's Name: _____

Employer: _____

Address and Telephone Number: _____

Your Name: _____

Organization: _____

Address: _____

Telephone Number: _____

Statement of assistance provided and organization(s) or individual(s) assisted:

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Please return the completed form by August 31, 2007, to:

Michelle Gersic
Colorado Bar Association
Via fax (303) 861-5274 ~ Via e-mail mgersic@cobar.org
1900 Grant Street, Suite 950
Denver, CO 80203-4336