



**Yes, Claire, I'll help you train thousands to make abortion unthinkable for millions, one person at a time.**



Name \_\_\_\_\_ Address \_\_\_\_\_

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

Email \_\_\_\_\_ Amount of tax-deductible gift \_\_\_\_\_ Gift designation

**Claire Rice**

**Check enclosed** (payable to **Justice For All**) Frequency (please circle) **Monthly** **Quarterly** **Annual** **One-time**

**Stock gift** (Wachovia Securities, Account # 4583-1022 DTC 0141; Tel. 800.541.3960) \_\_\_\_\_

**Non-cash gift** (real estate, auto, etc) \_\_\_\_\_

**Form for Authorization Credit Card Charge** enclosed (see below)

**Form for Automatic Bank Withdrawal** enclosed (see below)

**Please contact me to discuss how I can include JFA in my estate planning** (real estate, trust, will).

JFA is a non-profit 501(c)(3) corporation. Gifts are tax deductible to the fullest extent of the law. JFA honors donor intent whenever possible.

**AUTHORIZATION FOR CREDIT CARD CHARGE**

(For Credit Card Donation, fill out this section **and** the **top** section.)

MasterCard  Visa Credit Card Number \_\_\_\_\_ Name(s) \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Verification Code \_\_\_\_\_  
(Last three digits on the back of the credit card)

**Initial BELOW to authorize PERIODIC credit card charge**

**Monthly** \_\_\_\_\_ **Bi-Monthly** \_\_\_\_\_ **Quarterly** \_\_\_\_\_ **Semi-Annually** \_\_\_\_\_ **Annually** \_\_\_\_\_

This authority is to remain in full force and effect until Justice For All has received my written notification of termination (please allow 30 days for processing. Card will be charged around the 20<sup>th</sup> of the month.)

**AUTHORIZATION FOR BANK ACCOUNT DEBITS**

(For automatic bank withdrawal, fill out this section **and** the **top** section.)

I (We) hereby authorize **Justice For All** to initiate monthly debit entries to my (our) account indicated below:

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ [ ] Checking [ ] Savings AMOUNT \$ \_\_\_\_\_

This authority is to remain in full force and effect until Justice For All has received my written notification of termination (please allow 30 days for processing). I also agree to notify Justice For All 30 days prior to any financial institution or account changes. **(Please attach voided check.)**

Name(s) \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(only one signature needed)

Effective: \_\_\_\_\_ (account is debited on 20th of each month)  
(month and year)

For JFA Office Use Only:
PID # _____
Date processed _____
Transit/ABA# _____
Initials _____

Please attach voided check and return to: Justice For All, 113 N. Martinson, Wichita, KS 67203 Tel. (800) 281-6426

**Email: [claire@jfaweb.org](mailto:claire@jfaweb.org)**