



Yes, Jacob, 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 **Jacob Nels**

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 20th 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: Jacob.Nels@jfaweb.org