



Yes, I'll help JFA 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:

570 - Intern Scholarship Fund

- Type of Gift:**
- Check enclosed (payable to Justice For All)
 - Credit Card Charge (see below)
 - Automatic Bank Withdrawal (see below)
 - Please contact me to discuss a non-cash gift, a stock gift, or including JFA in my estate planning (real estate, trust, will).

- Frequency of Gift (please circle one):**
- Monthly
 - Quarterly
 - Annual
 - Special



Friends,

I am raising support for JFA's Intern Scholarship Fund. This fund helps pay my salary during my internship, and, if I move on from JFA at some point in the future, it will help pay for the important work of the interns that come after me. Thank you!

- Clare Lavergne

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.

Please check one

- MasterCard
- Visa
- Discover

AUTHORIZATION FOR CREDIT CARD CHARGE

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

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.

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. (316) 683-6426 Email: clare.lavergne@jfaweb.org

Please attach voided check.