



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 **500 - Staff Support Fund**

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

Stock gift (Edward Jones Acct # 694-20822-1-2; tel. 877.479.4243) # of Shares _____ Stock Name _____

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.

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.

Please attach voided check and return to: Justice For All, 113 N. Martinson, Wichita, KS 67203

Tel. (800) 281-6426 Email: joanna.wagner@jfaweb.org