

Yes, I will support the Justice for All Campaign!

NAME _____ PHONE _____

FIRM NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

E-MAIL _____

My check is enclosed.
Payable to Justice for All Campaign.

ONE TIME ONLY: \$ _____

Please charge my credit card or debit my account.
All information requested is necessary to process your gift.

MONTHLY: \$ _____
First day of every month.*

QUARTERLY: \$ _____
First day of every quarter.*

CARD # _____

EXP. DATE _____ SECURITY CODE _____

VISA MASTER CARD AMEX DISCOVER

* Beginning _____ / _____ / _____ and
Ending _____ / _____ / _____

SIGNATURE _____

- Please invoice me for my contribution.
- I would like my gift to be recognized anonymously.
- Please contact me about planned giving.

This gift is in honor / memory of:

Put your dollars to work faster by donating online:
www.JusticeForAllCampaign.org

Mail this pledge form to:
Justice for All Campaign
PO Box 1358
Toledo, Ohio 43603-1358