



Pledge Form

Yes, I will support the Justice for All Campaign!

NAME _____ PHONE _____
FIRM OR ORGANIZATION NAME _____
ADDRESS _____
CITY _____ ST _____ ZIP _____
EMAIL _____

MY CHECK IS ENCLOSED
(Payable to Justice for All Campaign)

PLEASE CHARGE MY CREDIT CARD OR DEBIT MY ACCOUNT
(All credit card information requested is necessary to process your gift.)

ONE TIME ONLY: \$ _____

MONTHLY: \$ _____
First day of every month*

QUARTERLY: \$ _____
First day of every quarter*

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

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

NAME AS IT
APPEARS ON CARD _____

CARD # _____ SECURITY CODE _____

EXP. DATE _____

VISA MASTER CARD AMEX DISCOVER

SIGNATURE _____

This gift is in honor/memory of:

- Please invoice me for my contribution.
- I wish my gift to remain anonymous.
- Please contact me about planned giving.

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



TOLEDO BAR
ASSOCIATION

A joint campaign for legal services in northwest Ohio.
JusticeForAllCampaign.org
ddavis@ablelaw.org | 419.930.2348