



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)

ONE TIME ONLY: \$ _____

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

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