



Yes, I Would Like to Become a Friend of Freedom

Your gift will be automatically charged each month to your credit card or from your bank account, if you enclose a check.

DIRECTIONS:

Please print out the following form, fill in your information, and mail it to JVI:
JUSTICE VENTURES INTERNATIONAL
PO BOX 780496
PHILADELPHIA, PA 19178-0496

DONATION:

SELECT OR ENTER YOUR MONTHLY GIFT AMOUNT:

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$200 |
| <input type="checkbox"/> \$75 | <input type="checkbox"/> \$ |
| | OTHER |

PLEASE CHECK DESIGNATED BOXES: (* Required Fields)

* I'm a: NEW EXISTING Donor

BILLING INFORMATION:

*Name: _____
*Address: _____
*City: _____ *State: _____ *Zip Code: _____
Phone: _____ Email: _____
 My check is enclosed, payable to **Justice Ventures International** — or —
 Please charge my contribution to my credit card:
Card number: _____ Expiration date: _____
Name on the card: _____
Signature: _____ Today's date: _____

ADDITIONAL INFORMATION: (optional)

How did you hear about JVI? _____ (event, church, friend, social media, etc.)
This gift is: In Celebration of In Memory of
Name: _____
The individual (if any) whom JVI should let know about this gift:
Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____



Thank you for your generous support!