

Printer Friendly Contribution Form

Please print out the following form, fill in your information and mail it to IJ:
Institute for Justice
901 N. Glebe Road, Suite 900
Arlington, VA 22203

(*Required Fields)

*Please accept my contribution of:

<input type="checkbox"/> Friend (\$25)	<input type="checkbox"/> Advocate (\$5,000)
<input type="checkbox"/> Supporter (\$50)	<input type="checkbox"/> Defender (\$10,000)
<input type="checkbox"/> Associate (\$100)	<input type="checkbox"/> Guardian (\$25,000)
<input type="checkbox"/> Senior Associate (\$500)	<input type="checkbox"/> Jurist Society (\$50,000)
<input type="checkbox"/> Partner (\$1,000)	<input type="checkbox"/> Thomas Paine Society (\$100,000)
<input type="checkbox"/> Other _____ (Amount)	

*This is a (please circle one) One-time gift | Monthly gift

*I'm a (please circle one) New Donor | Existing Donor

*Prefix (please circle one) Mr. | Mrs. | Ms. | Dr.

*First Name: _____

Middle Initial: _____

*Last Name: _____

Company: _____

*Address: _____

*City: _____ *State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Check enclosed:

Billed to (circle one): VISA | Mastercard | American Express | Discover

Card number: _____ Expiration date: _____

Name on the card: _____

Signature: _____

How did you hear about IJ?: (i.e. - web search, letter, friend, magazine ad, etc.) _____

This gift is: (please circle one) In Celebration Of | In Memory Of

The individual (if any) whom IJ should let know about this gift:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for sharing our commitment to liberty!