

# 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!