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:

___ Friend ($25)  ___ Senior Partner ($5,000)
___ Supporter ($50)  ___ Guardian ($10,000)
___ Associate ($100)  ___ Defender ($25,000)
___ Senior Associate ($500)  ___ Jurist Society ($50,000)
___ Partner ($1,000)  ___ Thomas Paine Society ($100,000)
___ 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: In Celebration Of | In Memory Of

(please circle one)

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!