Offline Donation Form

Name:			
Address: _			
			THE INSTITUTE FOR FREEDOM
		ıl Code:	& JUSTICE
			,
☐ Yes, please☐ Yes, I would	email me my tax receipt for this I like to receive updates about		electronic communications from the IFJ.
Yes!	l'll renew my sup	port in just 3 easy st	eps!
1 Prir	nt this donation form		
	oose how you would		
	Jose now you would		
>	OPTION A Hel	p the IFJ plan ahead with	your Monthly Gifts
	Yes! I'll donate m	nonthly with my gift of:	
	_		50/mo. □ Other \$/mo.
			d below and enclosed a cheque marked "Void".
	☐ I prefer to make a monthly o	contribution by: VISA Mastercard D	on the 15th of each month.
	Credit Card #		Cardholder's Name
	Great Gard II	Exp. Dute	Garanolder 3 Name
	SIGNATURE REQUIRED	Telephone	DATE SIGNED REQUIRED
	This is a □ personal (or) □ orga	nizational pre-authorized debit for charita	able donations.
		onthly gifts at any time. Call: (705) 7 t will be issued to the name on the c	22-1649, Email: info@freedomandjustice.ca or notify us
in w	mung. A chantable tax receip	t will be issued to the name on the C	meque.
>	OPTION B		
		the IFJ today with my spec	sial aift of:
	□ \$35 □ \$50	□ \$75 □ \$100	□ \$250 □ Other \$
		ne Institute for Freedom and Justice is	
		my credit card once only:	
	Credit Card #	/ Exp. Date	Cardholder's Name
	SIGNATURE REQUIRED	Telephone	DATE SIGNED

Return this form along with your gift to:

The Institute for Freedom and Justice Suite 713 - 92 Caplan Ave, Barrie, ON L4N 9J2