

Donate by Mail Form



LIBERTY JUSTICE CENTER

Yes, I would like to show my commitment to liberty and freedom!

Print and mail form to:

**Liberty Justice Center
440 N. Wells St., Suite #200
Chicago, IL 60654**

Please accept my contribution of:

- Friend \$30
- Supporter \$50
- Associate \$100
- Senior Associate \$500
- Liberty Partner \$1,000
- Other _____

This gift is:

- One-time
- Monthly
- Quarterly

Billing Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check enclosed: payable to **Liberty Justice Center**

Please charge my: Visa | Mastercard | AmEx | Discover

Card number: _____

Expiration date: ____/____/____ Security code: _____ Today's date: _____

Name as it appears on the card: _____

Signature: _____

How did you hear about Liberty Justice Center, or, is there anything else you would like to share with us?