

Donation Authorization Form

Please complete the information below:

Donation Amount \$ _____

Donation Frequency (check one): One-time Monthly Quarterly Annually

Start Date _____

Billing Information

First Name _____ Last Name _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Payment Information (check one)

I've enclosed a **check** made out to the "Equal Justice Initiative"

My **credit card** information is below:

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____ / _____
Security Code _____ (3 or 4-digit code on back of card)
Signature _____ Date _____

My **bank account** information is below:

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Accountholder Name _____
Account Number _____
Routing Number _____
Signature _____ Date _____