



**Yes! I want to forever change a life in Philadelphia.**

**I would like to become a Generous Justice Partner. I pledge\*:**

- \$25,000 per year for 5 years     \$10,000 per year for 5 years  
 \$5,000 per year for 5 years     \$1,000 per year for 5 years

**I would like to make an Annual Pledge\*:**

\$ \_\_\_\_\_ per year for \_\_\_\_\_ years

**I would like to make a Monthly Gift of:**

\$100     \$50     \$25     \$ \_\_\_\_\_    Start date \_\_\_\_\_

I am currently making a monthly gift and would like to increase it to \$ \_\_\_\_\_ per month.

**I would like to make a Single Gift today:**

\$10,000     \$5,000     \$2,500     \$1000     \$ \_\_\_\_\_

Please have someone from CLCP contact me to discuss making a gift other than as listed above.

I'm not prepared to make a gift at this time.

***Be sure to complete your contact and payment information on the back of this card.***

\* Note: CLCP will remind you of your pledge each October and request that pledges be fulfilled by each year's end.

PLEASE PROVIDE US WITH YOUR CONTACT AND PAYMENT INFORMATION.

**Contact Info**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home/Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

**Donation Enclosed**

Please accept the enclosed check or cash for my single gift.

**Bank Auto Draft**

Please auto draft from my checking account (A VOIDED CHECK IS ENCLOSED).

*\*I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.*

**Credit or Debit Card Payment**

Please charge my  Visa  MasterCard  Discover  AmEx

Card # \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_ CVV Code \_\_\_\_\_

Name (as it appears on card; please print) \_\_\_\_\_

Signature \_\_\_\_\_

**Billing Address**  Same as above.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As a 501(c)(3) all contributions are Tax Deductible. You will receive a donation receipt at year end.



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