



Thank you for your generous support!

Please mail this form along with your donation to:

Healing Justice
11312 US 15-501 N., Suite 107- #181
Chapel Hill, NC 27517

GIFT AMOUNT

___ \$2,500 ___ \$1,000 ___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ Other \$ _____

___ I want to make this donation monthly — please charge this amount to my card every month.

PAYMENT METHOD

Check (Payable to Healing Justice Project)

Visa Mastercard Discover AmEx

CC # _____ Exp ____/____ CWV _____ Name on card _____

DONOR INFORMATION

Name(s) to be listed on the donation _____

Address _____ City _____ State ___ ZIP _____

Phone (____) _____ E-mail _____

Please do not share my name publicly.

DONATIONS IN HONOR OR MEMORIAM

I want to make this donation in honor of / in memory of: _____

Please send honor/memory gift notification to:

Name _____

Address _____ City _____ State ___ ZIP _____

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OTHER

My employer will match this gift and I have included the matching gift form from: _____

Please contact me about a gift of stock.

Please contact me about including the Innocence Project in my estate plans.

For questions or to donate by phone, please call 504-330-0681. Healing Justice's Tax ID number is 47-3424404. All contributions are tax-deductible to the full extent of the law. The Healing Justice will never sell your information.