INFORMATION AND GIFT FORM

Name: ____________________________________________

Address: _____________________________________________

Street          City          ST          Zip

Phone: _____________________________   E-Mail: _____________________________

GIFT CONTRIBUTION

PEACE ALLIANCE PARTNER: I will be a core financial supporter, contributing regularly to sustain The Peace Alliance and Student Peace Alliance.

Charge me:   ☐ monthly   ☐ quarterly
☐ $15   ☐ $25   ☐ $45   ☐ $100   ☐ $250   ☐ Other $ __________

SPONSORING MEMBER: Peace Alliance Partners are all considered Sponsoring Members.

☐ $45 minimum   ☐ Other $ __________

PEACE ALLIANCE SUPPORTER: I would like to make this a one-time contribution of $ __________

PAYMENT METHOD

I wish to make my contribution by:   ☐ Cash   ☐ Check   ☐ Credit Card   ☐ Stock

CREDIT CARD INFORMATION (if applicable):

☐ Visa   ☐ MasterCard   ☐ AMEX

Card Number: _____________________________   Expiration Date: __________

Signature: _____________________________   Card Security Code: _______

Donations to The Peace Alliance are not tax-deductible. They support our citizen-based advocacy and lobbying efforts.

☐ I prefer to support the educational work of The Peace Alliance and/or Student Peace Alliance. Please direct my donation to The Peace Alliance Educational Institute, 501(c)3 non-profit.

Thank You!