



Donate to Feminists for Life by Credit Card

Please charge my contribution/membership to my credit card (\$25 minimum):

_____ amount of donation

_____ amount for membership (below)

VISA

_____ **Total contribution**

MasterCard

(Please print clearly)

Name (as it appears on card): _____

Card Number: _____ Expiration Date: _____

Name (for our records) _____

Please include title, first name, middle initial, last name, and any suffix.

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone number _____

Signature: _____ Date: _____

Please check the appropriate box(es) and include the total above.

\$35 annual membership

\$25 annual student membership

\$40 members residing outside the United States, subscription-only, or organizations

If the membership is a gift for someone else, please print the **recipient's**

Name _____
Please include title, first name, middle initial, last name, and any suffix.

Address _____

City: _____ State: _____ ZIP: _____

Phone number _____

We will notify them of your thoughtful gift!

Please send the completed form to:

FFLA, Dept 0641, Washington, DC 20073

Thank you!