

National Priorities Project – Donation Form

Bringing the Federal Budget Home

Contact Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

My Gift

One Time Gift

_____ I would like to make a one time gift of:
_____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1,000 _____ Other: \$ _____

Monthly Sustainer

_____ I would like to become a Monthly Sustainer of NPP by giving \$ _____ per month
_____ By Checking Account Electronic Funds Transfer (Please attach a check with your first monthly gift)
_____ By Credit Card (Complete Credit Card Information Below)

Investor's Circle

_____ I would like to become a member of the Investors' Circle by making a pledge of \$ _____ per year for 5 years
I would like to give (please check one) _____ annually _____ monthly
_____ I am already a member of the Investor's Circle and would like to **increase** my pledge.
Please extend my current pledge for an additional _____ years and/or
Please change the amount of my existing pledge to \$ _____ (check one) _____ per year _____ per month
_____ I am making a payment on my current pledge

Other Options

_____ My company makes matching gifts. (Please attach necessary paperwork.)
_____ I am interested in making a gift of stock. Please contact me.
_____ I am interested in learning more about Planned Giving. Please contact me.

In Honor/Memory of

_____ My gift is (check one) _____ in honor of _____ in memory of: _____
Address of honoree: _____

Payment Options

I will be giving by:

_____ Credit Card (Check one: _____ Visa _____ MC _____ AmEx _____ Discover) _____ Cash or Check

Exact Name on Card: _____

Expiration Date: _____

Monthly Giving Payment Options:

_____ **Checking Account EFT:** My signature below indicates that I authorize an Electronics Fund Transfer (EFT) each month from my checking account. The check I have enclosed for my first month's payment should be used to set up the EFT.

_____ **Credit Card:** I have filled in my credit card information above. My signature below authorizes monthly withdrawals from my credit card account.

Signature

Please sign below to authorize your gift.

Signature: _____ Date: _____

National Priorities Project is a 501 (c) 3 non-profit organization. Contributions are tax deductible to the full extent provided by law.

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