

# The John Birch Society



## DONATION FORM

NAME \_\_\_\_\_  
Last name First name Middle initial

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

AMOUNT \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT INFORMATION

- Check       VISA       Discover  
 Money Order       MasterCard       American Express



Make checks payable to: **The John Birch Society**

**Mail completed form to:**

THE JOHN BIRCH SOCIETY  
P.O. BOX 8040  
APPLETON, WI 54912  
1-800-527-8721

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_