

# DONATION FORM

IMMIGRATION EQUALITY

## GIFT INFORMATION

DONATIONS TO IMMIGRATION EQUALITY ARE TAX DEDUCTIBLE TO THE FULLEST EXTENT ALLOWABLE UNDER THE LAW

DONATION AMOUNT

DONOR SIGNATURE

DONATION FREQUENCY  One Time  Annually  Semi-Annually

Quarterly  Monthly  Weekly

I WOULD LIKE TO COVER THE TRANSACTION COSTS OF MY DONATION

## CONTACT/BILLING INFORMATION

FULL NAME AND TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE

EMAIL

## PAYMENT TYPE (CHOOSE ONE)

**Credit Card**

CARD TYPE

NAME ON CARD

CARD NUMBER

CVV2

EXPIRES

**Electronic Funds Transfer**

ACCOUNT TYPE

NAME ON ACCT

ROUTING NUMBER

ACCOUNT NUMBER

**Check**

MAKE CHECKS PAYABLE TO  
**IMMIGRATION EQUALITY** AND MAIL TO:

IMMIGRATION EQUALITY  
ATTN: SIDNEY JACKSON  
40 EXCHANGE PLACE, SUITE 1300  
NEW YORK, NY 10005

## DEDICATIONS, MEMORIALS & COMMENTS

COMMENTS