

# CONTRIBUTION FORM

(Please print clearly)

Donation amount: \$ \_\_\_\_\_

In memory/honor of (optional): \_\_\_\_\_

## Method of Payment

Check (made payable to Americans Mad and Angry!)

Please charge my:  Visa  MasterCard  American Express  Other

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

## Your Mailing Address

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Credit Card Billing Address (if different)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Fax this completed form to (541) 386-4867 or mail this form with your check or money order to:**

Americans Mad and Angry!  
1101 Sherman Avenue  
Hood River, OR 97031

**Thank you . . . for helping us help you!**