

DONATION FORM

Yes Brigitte, I/we stand with you in defense of our security, our freedoms, and our values. We pledge:



Monthly Gift One-time Gift

Gift Amount:

\$52 \$100 \$250 \$500 \$1000 Other \$ _____

ALL INFORMATION MUST BE FILLED OUT TO PROCESS YOUR DONATION

Donation type: Cash Check Visa MC Amex ACH

Donation on behalf of: _____

Name as it appears on card/account: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Email Address: _____

Send Email Updates Yes No

Option 1: Using Credit Card

Credit Card number: _____ Exp. date: ____ / ____ CVC: _____

Option 2: ACH- Bank Account Withdrawal

Bank Name: _____

Routing Number: _____ Account Number: _____

Option 3: Cash or Check

Make checks payable to:

“ACT for America Education”

Mail your contribution to:
1300 Pennsylvania Ave NW Suite 190, #614
Washington, DC 20004 USA
Phone: (202) 204-6999

Authorized Signature: _____

Your tax-deductible gift goes directly towards educating elected officials about the most critical threats facing our nation and helping to pass legislation that will result in making America a safer place to call home.