

DONATION FORM



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

Electronic Funds Transfer

CARD TYPE

ACCOUNT TYPE

NAME ON CARD

NAME ON ACCT

CARD NUMBER

ROUTING NUMBER

CV2 EXPIRES

ACCOUNT NUMBER

Check

**Make checks payable to
Immigration Equality
and MAIL TO:**

Immigration Equality
594 Dean Street
Brooklyn, NY 11238

DEDICATIONS, MEMORIALS & COMMENTS

COMMENTS