

Emma Goldman Clinic Online Donations Form

Use this form to make a donation by mail or fax with either check or credit card.

Name _____

Address _____

City _____ State _____

Zip _____ Country _____

Telephone _____

Email _____

Please check your billing preference: Automatically billed to your credit card

Receive a reminder bill by mail

Pledge amount per picketer: _____

Length of pledge (in years): _____

Maximum amount of pledge: _____ per: month
 year

Please make your check payable to: Emma Goldman Clinic

Please add me to your email list.

I would like a letter for tax-deduction purposes.

To pay by credit card, please fill in the following information
and send it to the above address or fax number.

Visa Mastercard Discover American Express

Credit Card Number _____

Expiration Date _____

Signature _____