

## Support NAF and Abortion Providers

**Please print and fill out this form and mail it to:**

National Abortion Federation

PO Box 100

Annapolis Junction, MD 20701

All gifts to NAF are tax-deductible in the U.S. to the extent permitted by law.

<b>Donation Amount and Directed Use:</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$400	
	<input type="checkbox"/> \$100	<input type="checkbox"/> \$500	
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$1,000	
	<input type="checkbox"/> \$300	<input type="checkbox"/> Other amount: \$ _____	
<input type="checkbox"/> Use my gift where the need is greatest. <input type="checkbox"/> Direct my gift to be used in _____			
<b>Donor Information:</b>	First Name		
	Last Name		
	Street address		
	City		
	State, Zip Code		
	Daytime phone		
	Email		
	<input type="checkbox"/> I prefer to make this gift anonymously.		
<b>Payment Method:</b>	<input type="checkbox"/> My check is enclosed		
	<input type="checkbox"/> Please charge my credit card:		
	Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
	Credit Card Number: _____		
	Expiration Date (month/year): _____		
<b>Recurring Donations:</b>	<input type="checkbox"/> Please charge my credit card monthly until _____ (month/year)		
	<input type="checkbox"/> Please send me reminders: <input type="checkbox"/> by email <input type="checkbox"/> by mail		
<b>Gift Information:</b>	I'd like to make this gift in memory of, or to honor:		
	Name		
	Reason for Tribute		
	Please send acknowledgment of this gift to: _____		
	<input type="checkbox"/> Do not include the amount of the gift in this acknowledgment.		
<b>Matching Gifts:</b>	<input type="checkbox"/> My company will match this contribution. (Please ask your Human Resources or Finance Office for a matching gifts form to enclose with this form.)		