

AMERICAN ANTI-SLAVERY GROUP

Mail-In Gift Form

Name: _____

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If you are donating by credit card, you must provide the address where you receive your monthly credit card statement or we may not be able to process your gift.

This donation is in behalf of or in honor of _____

Send acknowledgement to:

Donation amount: \$ _____

I am enclosing a check Please charge my credit card:

Visa MasterCard American Express Discover/Novus

Card number: _____

Expiration date: ____ / ____

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Your credit card's security code is a three or four digit number located on the front of your card (American Express only) or the final three digits on the back (Visa/MasterCard/Discover).

Please print and mail this completed form to:

American Anti-Slavery Group, 198 Tremont St. #421, Boston, MA USA 02116

PLEASE DO NOT SEND CASH!