



I want to help preserve and defend religious freedom, the sanctity of human life, and traditional family values in America. Enclosed is my gift to help meet the fiscal year end goal of \$4,815,000.

ENCLOSED IS MY SPECIAL GIFT OF \$_____ BY CHECK.

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

I'D LIKE TO MAKE MY GIFT OF \$_____ BY CREDIT CARD.

VISA MasterCard American Express Discover

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____ Phone Number (____) _____

Cardholder's Name _____

Cardholder's Signature
Required for processing

AUTOMATIC MONTHLY GIVING OPTION

I authorize ADF to charge my credit card each month in the amount of \$_____. [MCC]

I authorize my financial institution to debit my checking account each month in the amount of \$_____. [MCH] *Please enclose a voided check.*

Thank you!

The Alliance Defense Fund is recognized by the IRS as an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue code and gifts are tax-deductible to the extent allowed by law.

*A higher standard.
A higher purpose.*



Mail form to: ADF • PO Box 53007 • Phoenix, Arizona 85072 • 1-800-TELL-ADF • WWW.TELLADF.ORG