



Donation and Membership Form

Donor Information

Name: _____

Email address: _____ Phone number: _____

Billing address: _____

City

State

Zip

Donation Information

Yes, I would like to become a member*:

Annual Member

\$5/month (recurring)

\$40/year (one-time)

Patron Member

\$15/month (recurring)

\$200/year (one-time)

Life Member

\$500 (one-time)

Or choose another option:

Donation amount: \$25 \$50 \$100 \$250 \$500 \$1,000 Other _____

Donation frequency: One-time Monthly

*Visit the Memberships page for more information on member benefits.

Payment Information

Payment type: Visa MasterCard Check Money Order

Cardholder name: _____

Card number: _____

Expiration: ____ / ____

CVV (3-digit number on back of card): _____

Authorization

If you've chosen to give a recurring donation, we will automatically bill your credit card for the amount you selected above on a monthly basis. You may cancel this automatic donation authorization at any time by contacting us.

I authorize Tillers International to bill my credit card as specified above.

Signature

Date