



The Peace Alliance



STUDENT PEACE ALLIANCE

INFORMATION AND DONATION FORM

Please Print Clearly!

Name: _____

Address: _____
Street City ST Zip

Phone: _____ E-Mail: _____

DONATION CHOICES

PEACE PARTNER: I will be a core financial supporter, contributing regularly to sustain The Peace Alliance and Student Peace Alliance.

Charge me: monthly quarterly
 \$15 \$25 \$35 \$50 \$100 \$250 Other \$ _____

PEACE ALLIANCE SUPPORTER: I would like to make this a **one-time contribution** of \$ _____

MEANS OF PAYMENT

I wish to make my contribution by: Cash Check Credit Card Stock

CREDIT CARD INFORMATION (if applicable:

Visa MasterCard AMEX

Card Number: _____ Expiration Date: _____

Signature: _____ Card Security Code: _____

Donations to The Peace Alliance are not tax-deductible. They support our citizen-based advocacy and lobbying efforts.

I prefer to support the educational work of The Peace Alliance and/or Student Peace Alliance. Please direct my donation to **The Peace Alliance Educational Institute**, 501(c)3 non-profit. [If paying by check, please ensure it is made out appropriately].

Thank You!

The Peace Alliance and Student Peace Alliance

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