



STANDARD DONATION FORM

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STEP 1: YOUR INFORMATION

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Recognition Name Preference: _____		

STEP 2: ENTER JOINT CONTRIBUTOR INFORMATION (IF APPLICABLE)

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STEP 3: DONATION INFORMATION

Amount: \$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Make this a monthly gift

By Check, Please make checks payable to: National Council of La Raza (NCLR)

or By Credit Card (check one) Visa Mastercard Discover American Express

Card #: _____ Expiration Date: _____

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STEP 4: RETURN THIS FORM

Please mail your contribution to:
National Council of La Raza
1126 16th St. NW
Washington, DC 20036

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