

# **Yes, I'll help ERI train pro-life advocates to think clearly, reason honestly, and argue persuasively.**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_ Gift designation \_\_\_\_\_

(Staff member or general fund)

Gift amount \_\_\_\_\_

**Check enclosed** (payable to **Equal Rights Institute**)      Frequency (please circle) **Monthly** **Quarterly** **Annual** **One-time**

**Form for Authorization Credit Card Charge** enclosed       I'd like to pay the processing fee so 100% of my donation goes to ERI

**Please return to:** Equal Rights Institute, PO Box 6081, Concord, NC 28027      Tel. (559) 593-8700      Email: Josh@EqualRightsInstitute.com

*ERI has approved 501c3 status from the IRS. All donations are tax-deductible*

## **AUTHORIZATION FOR CREDIT CARD CHARGE**

Credit Card Number \_\_\_\_\_ Name \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_ Verification Code \_\_\_\_\_

(Last three digits on the back of the credit card)

**Initial BELOW to authorize PERIODIC credit card charge**

**Monthly** \_\_\_\_\_ **Bi-Monthly** \_\_\_\_\_ **Quarterly** \_\_\_\_\_ **Semi-Annually** \_\_\_\_\_ **Annually** \_\_\_\_\_