**Please mail this form with your check or credit card information to Immigrants Rights at the above address. For more information, please call 831-256-1578.**

***\*\*For tax deductable donations please use our registered name: Rights Counsel. Our Tax ID Number is 81-4970529. Donations must be postmarked by December 31 for the gift to be deductible during this tax year.***

**I would like to support Immigrants Rights’ efforts to directly support the lives of immigrants in California.**

* **Enclosed is my gift in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
* **Enclosed is my first payment of a $\_\_\_\_\_\_\_ per month recurring gift I would like to start. Please debit my account for this amount every month.**
* **Enclosed is my voided check to begin an electronic fund transfer (EFT). Please set up an EFT for $\_\_\_\_\_ per month. Please debit my account for this amount every month.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ZIP/Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (as it appears on the credit card)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of card: American Express Discover  Mastercard Visa  Other \_\_\_\_\_\_\_\_\_\_\_\_**

**Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date\_\_\_\_\_\_\_\_\_\_\_**