



MAIL-IN DONATION FORM Mail this completed form, along with your check or money order (if applicable) to Virginia Coalition for Immigrant Rights Thank you for your gift!

Donation Amount\* \$ \_\_\_\_\_

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

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

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

Apt. \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Yes, I would like to receive email from the Virginia Coalition for Immigrant Rights.

\* Required Field Payment Information

My check or money order is enclosed. Make checks or money orders out to "VACIR". **Please do not send cash as a donation.**

My credit card information is below:  American Express  Discover  MasterCard  Visa

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail your gift to: Virginia Coalition for Immigrant Rights Attn: Online Services P.O. Box 6397 Arlington, VA 22206

Please know that your contribution is tax-deductible to the fullest extent allowable under law. IRS regulations require us to state that we did not provide any goods or services to you in consideration of your contribution.