



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 8042 Alexandria, VA 22306

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.