

CONTRIBUTION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Evening Phone Number _____

E-mail _____

I would like to make a contribution to the National Association for the Advancement of Colored People (NAACP) in the amount of \$_____.

I have enclosed a check or money order for the amount above.
(Please make checks payable to the Vancouver NAACP)

I would like the above amount charged to my credit card.

Card Type Visa Mastercard AMEX

Card Number _____

Expiration Date _____

Authorized Signature _____

Please make checks payable to Vancouver NAACP and mail to:

**Vancouver Branch NAACP
P.O. Box 1903
Vancouver, WA 98668**

For more information about the NAACP please visit our website at www.naacpvanc.org