CHAMPIONS MONTHLY DONOR ENROLLMENT FORM

Be a MomsRising Champion monthly donor! Through your small, affordable monthly contributions, Champions give MomsRising the reliable funding we need to fight for the issues that matter most to families like yours - standing strong against hate and discrimination, protecting affordable health care, and continuing to advance policy that makes the world a better, safer, more just place for women and families.

Please make a gift TODAY to help moms and families rise.

First Name ____________________________________________

Last Name ____________________________________________

Address ____________________________________________

City ___________________________ State ___________ Zip Code ______________________

Phone ___________________________ Email ____________________________

I would like to make an automatic monthly gift of:

☐ $5 ☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ Other $ _________

☐ $250 ☐ $100

Please charge my gift each month to (check one):

☐ American Express ☐ Visa

☐ Mastercard ☐ Discover

Name (as it appears on card) ____________________________________________________________

Authorized Signature ___________________________ Date ___________________________

Account Number ___________________________ Expiration Date ______________________

MAIL

Please mail this form to:
MomsRising Together, 12011 Bel-Red Road, Suite 100A, Bellevue, WA 98005

Thank you for your generosity.

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