

# MomsRising Together

## CHAMPIONS MONTHLY DONOR ENROLLMENT FORM

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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                       \$25                       \$100                       Other \$ \_\_\_\_\_
- \$10                       \$50                       \$250

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, P.O. Box 10172, Berkeley, CA 94709**

**Thank you for your generosity.**

*Contributions are not tax deductible for federal income tax purposes, as MomsRising Together is a non-profit 501(c)(4) organization.*