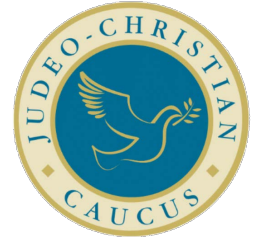


DONATION FORM

Yes , I/we stand with you in defense of our Judeo-Christian values. We pledge:



Monthly Gift One-time Gift

Gift Amount:

\$50 \$100 \$250 \$500 \$1000 Other \$ _____

ALL INFORMATION MUST BE FILLED OUT TO PROCESS YOUR DONATION

Donation type: Cash Check Visa MC Amex ACH

Donation on behalf of: _____

Name as it appears on card/account: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

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Send Email Updates Yes No

Option 1: Using Credit Card

Credit Card number: _____ Exp. date: ____ / ____ CVC: _____

Option 2: ACH- Bank Account Withdrawal

Bank Name: _____

Routing Number: _____ Account Number: _____

Option 3: Cash or Check

Make checks payable to:

“Judeo-Christian Caucus”

Mail your contribution to:
991 Lomas Santa Fe Dr, C-119
Solana Beach, CA 92075 USA
Phone: (888) 725-8654

Authorized Signature: _____

Your tax-deductible gift goes directly towards our efforts to mobilize the vote on key issues that impact our Judeo-Christian heritage.