

# Farm-to-Consumer Legal Defense Fund

## DONOR INFORMATION

Title:  Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## DONATION

**I want to become a monthly supporter with a gift of:**

- \$10 each month  
 \$20 each month  
 \$30 each month  
 \$\_\_\_\_\_ each month

*Monthly giving is the best giving option for both the FTCLDF and our supporters - it allows us to have a dependable base of support and save time, banking fees and paper by not having to send supporters future reminders and renewal notices.*

**Or make a single donation in the amount of:**

- \$20  
 \$30  
 \$50  
 \$75  
 \$\_\_\_\_\_

Check or money order payable to FTCLDF (*Payment in full only.*)

Direct debit: Attach a voided check with your checking account number and routing number on it.

Debit/Credit card (*all fields required*)       Visa       MasterCard       Discover

Card No. \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Name on card \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION

My signature below authorizes FTCLDF to charge my donation amount immediately, and to debit subsequent donations on the 20th of each month thereafter if I have indicated a monthly donation amount. This authority is to remain in full force and effect until I notify FTCLDF otherwise in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Farm-to-Consumer Legal Defense Fund**  
**8116 Arlington Blvd., #263 ▪ Falls Church, VA 22042 ▪ 703.208.FARM(3276)**

Or use our on-line donation form at [www.farmtoconsumer.org](http://www.farmtoconsumer.org)  
 Questions? Email us at [info@farmtoconsumer.org](mailto:info@farmtoconsumer.org)