



# Farm-to-Consumer Legal Defense Fund<sup>®</sup>

*Defending the rights and broadening the freedoms of family farms and protecting consumer access to raw milk and nutrient-dense foods.*

**YES!** I want my money **to help** family farms get qualified legal advice and representation.

**YES!** I want my money **to protect** consumer access to raw milk or other nutrient-dense foods.

**YES!** I want my money **to expand** direct-to-consumer sales of processed and unprocessed farm food.

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Farm/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**I want to keep paying it forward – with a monthly donation (*debit/credit card only*).**

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

**I want to give a single donation.**

- \$30
- \$50
- \$75
- \$100
- \$\_\_\_\_\_

**THANK YOU VERY MUCH FOR YOUR DONATION!**

Check or money order payable to FTCLDF.

Debit/Credit card        

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

My signature below authorizes FTCLDF to charge my donation by credit/debit card immediately. If I have indicated a monthly donation amount, I further authorize FTCLDF to debit subsequent donations on or about the 20th of each month thereafter, until I indicate otherwise.

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

**You can send your donation by mail to**

**FTCLDF, 8116 Arlington Boulevard, Suite 263, Falls Church, VA 22042 or FAX to 703-208-3278.**

**If you prefer, you can also donate online at [www.farmtoconsumer.org/donate](http://www.farmtoconsumer.org/donate) or call 703-208-FARM (3276).**