PLEDGE OF RESISTANCE

Name: _____ Phone: (h) _____

Address: _____ (w) _____

_____ Affinity Group: _____

Zip: _____ Congressional District: _____

Enclosed is an immediate contribution of $_____ to help support the Pledge of Resistance.

I would also like to make a pledge of:

___ $5 ___$10 ___$25 ___$50 ___$100 ___$500 ___other

Please circle: monthly yearly one time

____ I would like to join an affinity group.
____ I would like to form an affinity group in my area.

PLEDGE OF RESISTANCE

Name: _____ Phone: (h) _____

Address: _____ (w) _____

_____ Affinity Group: _____

Zip: _____ Congressional District: _____

Enclosed is an immediate contribution of $_____ to help support the Pledge of Resistance.

I would also like to make a pledge of:

___ $5 ___$10 ___$25 ___$50 ___$100 ___$500 ___other

Please circle: monthly yearly one time

____ I would like to join an affinity group.
____ I would like to form an affinity group in my area.