



TO DONATE BY MAIL, please fill out the form below.

TO DONATE BY PHONE with a credit card, call us at (703) 312-6360.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I would like to make *(please fill in one option):*

- A one-time contribution of \$_____
- Monthly contributions of \$_____ starting on (preferred date) _____

I am donating by *(please check one):*

- An enclosed check made out to either "US Campaign for Palestinian Rights" or "USCPR."
- Credit card. Please charge my *(check one)*: Visa MasterCard AmEx Discover

Credit card number: _____ Expiration date: _____

3- or 4-digit CVV code: _____ Cardholder name: _____

Signature of card holder: _____

Other options *(optional)*

- I would like to learn about including USCPR in my estate plan.
- My employer will match my gift. My employer is: _____
- My gift is in honor of/in memory of: _____

Please return this form to:
USCPR
P.O. Box 3609
Washington, DC 20027

USCPR is a 501(c)3 charitable organization and all contributions are tax-deductible to the fullest extent allowed by law. Our EIN (tax ID number) is 42-1636592.