

FREEDOM *of* CONSCIENCE
DEFENSE FUND

GIFT RETURN FORM

Please Mail Your Gift to:

Freedom of Conscience Defense Fund
P.O. Box 9520
Rancho Santa Fe, CA 92067

Gift Amount: \$100 \$250 \$500 \$1,000 \$5,000 Other \$ _____

Method of Donation: Check enclosed, payable to *Freedom of Conscience Defense Fund or FCDF*
 Visa MasterCard American Express

Cardholder's Name: _____

Card Number: _____ Expiration Date: _____ / _____

Signature (required): _____ Telephone: _____

One time gift Monthly (I hereby authorize FCDF to charge my credit card monthly in the amount stated above.)

***THANK YOU! As a 501(c)(3) organization, your gift to FCDF is tax deductible.
Also, we do not sell, rent, or disclose your information.***

Comments / Questions (we appreciate your thoughts!):

Please call or email us if you have any questions or require any assistance. We're happy to hear from you!

(858) 759-9948
info@fcdfllegal.org