MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

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Donor Name (First and Last Name): _____

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By providing your email address and/or phone number, you will receive ACD news and updates, and other ways to get involved with ArchCity Defenders. You may unsubscribe at any time.

PAYMENT OPTIONS

One Time Gift Amount: _____

☐ I'm enclosing my check made payable to ArchCity Defenders

☐ Please charge my credit/debit card:

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Cardholder's Name: _____

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OR Become a ArchCity Ally!

Your monthly gift can help sustain our mission.

☐ **YES! Please bill my credit/debit card in the amount of $_____per month.**

Your monthly donation will be made each month. You may cancel or change this amount at any time by calling 314-361-8834.

I WANT TO SUPPORT

Please designate your gift to one of the following:

☐ Where it's Needed Most: Support all holistic legal advocacy needs of ArchCity Defenders

☐ Other*(Please specify): _____

Please also indicate the specific cause on the memo line of your check.

*If ACD is not raising funds for the specific cause you have indicated and/or donations exceed ArchCity expenses for that cause, your gift will be applied to Where It is Needed Most.

Your questions and feedback are very important to us. Please feel free to contact us at archcitydefenders.org or call 314-361-8834. Thank you for your support!

Please mail this completed form to: ArchCity Defenders | 5939 Goodfellow Blvd. |St. Louis, Missouri 63147