

Contact Information

Name: _____

Organization: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Home Email: _____ Work Email: _____

Donation Amount: \$ _____

ANR Gifts to ANR (Americans for Nonsmokers' Rights) promote legislation and are not tax deductible.

ANRF Tax deductible gifts may be made to ANRF (the American Nonsmokers' Rights Foundation).

Payment Information

Check Enclosed

Credit Card: VISA MASTERCARD DISCOVER

Account Number: _____

Expiration Date (Mo./Yr.): _____

Name on Card: _____

Signature _____

Automatic Renewal? (*Yes! Charge my account for this amount at this time each year.*)

OR, become a Frequent Breather and make a monthly contribution (*credit card only*)

\$5/month = Contributor \$10/month = Supporter \$25/month = Sponsor \$____/month

You may also make a donation in memory of someone or as a gift. If you choose to do so, please complete the portion below and the box to the right.

In Memory of: _____

Gift Donation

Send acknowledgement to:

Name: _____

Address: _____

City _____, State _____ Zip _____

**Print out and fax completed form to ANR and/or the ANR Foundation: 510-841-3060,
or mail to 2530 San Pablo Avenue, Suite J, Berkeley, CA 94702**