



CONTRIBUTION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Evening Phone Number _____

E-mail _____

I would like to make a contribution to the National Association for the Advancement of Colored People (NAACP) in the amount of \$_____.

I have enclosed a check or money order for the amount above.
(Please make checks payable to the NAACP)

I would like the above amount charged to my credit card.

Card Type Visa Mastercard AMEX

Card Number _____

Expiration Date _____

Authorized Signature _____

Please mail this form/payment to:
St. Paul NAACP
375 N. Oxford Street
St. Paul, MN 55104

For more information about the NAACP please visit our website at www.naacp-stpaul.org