



**I would like to make a tax-deductible donation to The ACRU.**

Name:

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Address:

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City, State, Zip:

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☐ **I will use my credit card.**

Amount: \$\_\_\_\_\_.\_\_\_\_

☐ Visa      ☐ MasterCard      ☐ American Express      ☐ Discover

Card Number:

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Expiration Date:

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☐ **I will send a check.**

Make check payable to: The ACRU

Please send this form to:

The American Constitutional Rights Union

Mid-Atlantic Office

3420 Pump Road

#407

Richmond, VA 23233

877-730-ACRU (2278)