



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

Name _____

Address _____

City, State, Zip _____

I will use my credit card.

Write in the amount \$ _____ . _____

Visa Mastercard American Express Discover

Card No. _____ Exp. Date _____

Signature _____

I will send a check.

Make check Payable to: The ACRU

Please send this form to:
The American Civil Rights Union/ACRU
3213 Duke St. #625
Alexandria, VA 22314