



NATIONAL CENTER FOR LESBIAN RIGHTS

WEDDING GIFT Contribution Form

I would like to donate: ☐ \$1,500 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$ 65 ☐ Other_____

Contact Information *(Name, Address, Occupation and Employer information is required)*

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone (circle one: Home / Work / Cell): _____

Email Address(es): _____

Occupation: _____ Employer: _____

OPTIONAL: *This donation is in honor of:*

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Payment Information

☐ Check Enclosed (Please make check payable to NCLR)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Total to be billed on Credit Card \$_____

Name on Card: _____

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Signature (required): _____

Return completed form to:

NCLR
870 Market St, Ste 370
San Francisco, CA 94102
415.392.8442 (Fax)
development@nclrights.org

THANK YOU!