

Please mail this form, along with your credit card information below, or a check,
to:

The VDare Foundation
PO Box 211
Litchfield CT, 06759

If donating by check, please fill out the following for our records:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

If donating by credit card, please fill out the following:

NAME ON CREDIT CARD: _____

SIGNATURE: _____

VISA or MASTERCARD (circle one)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CSC/CVV CODE: _____

Do you want to make this a monthly recurring donation?

YES

NO