



Mail-In: Donation

Name _____

Address _____

City, State, ZIP _____

E-mail Address _____

We Will Not Share Your E-Mail Address

Phone _____

Enclosed is my check for \$ _____. (Make checks payable to Southern Poverty Law Center.)

Please charge my gift of \$ _____ to the credit card selected below.

Visa

MasterCard

American Express

Discover

Account Number _____ Expiration Date _____

Name as it appears on card _____

Signature (required) _____

I want to join SPLC's monthly giving program, Friends of the Center. This select group of supporters provides the reliable resources SPLC needs to continue its important work.

Please charge my credit card each month in the amount of \$ _____. I have provided my credit card information above. Please put my gift to work immediately.

Bank (please include a voided check) to remit to the Southern Poverty Law Center each month in the amount I have indicated above. Please put my gift to work immediately.

I would like more information about the Planned Giving program. This program is designed for supporters who are committed to leaving a legacy of justice and tolerance by including SPLC in their estate plans.

Please mail this form, along with your donation, to:

Attn: Mail Processing Center
SPLC
PO Box 8952
Topeka, KS 66608-8952

Or contact us at (334) 956-8200

Thank You!

Your gift will make a difference
in our work for justice and equity.
We appreciate your support.