



906 Olive Street, Suite 1200, St. Louis, MO 63101-1448
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NILA ADVOCACY FUND DONATION FORM

_____ I would like to donate the following amount to the NILA Defense Fund:

___\$1,000 ___\$2,500 ___ \$5,000 ___\$10,000 ___ \$25,000 ___\$50,000 ___ Other \$ _____

Name _____
(Please Print)

Address _____

Signature _____ Date _____

Method of payment:

_____ Check or Money Order made payable to NILA (Personal, Partnership or Corporate checks are acceptable)

Charge my (circle one): American Express / Discover / MasterCard / Visa

Credit Card Number: _____

Expiration Date: _____ Card Verification Code (CVC): _____

Card Member Name (please print): _____

Signature _____

Mail to: 906 Olive Street, Suite 1200
St. Louis, MO 63101-1448

Fax to: 314-241-1449

Or Call: 314-241-1445