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NILA ADVOCACY DONATION FORM

I would like to donate the following amount to the NILA Advocacy Fund:

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

Name _____ Company _____

Address _____

Signature _____ Date _____

Method of Payment:

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

Credit Card: American Express Discover MasterCard Visa

Credit Card Number _____

Expiration Date _____ Card Verification Code (CVC) _____

Name on Card _____

Billing Address _____

Signature _____ Date _____

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

Fax to: 314-241-1449

Or Call: 314-241-1445