

Donation Form

Yes! I'll help! Enclosed is my gift of:

Check Donations Please make your check paya	ble to: <i>ProtectMarriage.com</i>	n – Yes on 8		
Credit Card Donation (Please note there is a \$10.00				
Type of credit card: O Visa O	MasterCard O American Expr	ess		
Card Number://		_////.	//	
Expiration Date:// (M	onth)// (Year)			
Name as it appears on the ca	rd:			
Address as it appears on billing	ng statements:			
City:		S1	tate: Zi	o:
Your signature:			Date:	
Thank you! Please pro Ill fields marked with Full name of Individual, Co	an asterisk (*) are re			
Mailing address				
	*State	*Zip	County	
City	*State Fax number	*Zip	County	
Mailing address City hone number -mail Address		*Zip	County	