

## PLEASE RETURN THIS FORM ALONG WITH YOUR DONATION TO:

Foundation for Individual Rights and Expression (FIRE)
Attn: Development Office
510 Walnut Street, Suite 1250
Philadelphia, PA 19106

Phone: (215) 717-3473 Fax: (215) 717-3440

Don	OR INFO	RMATION				
Namo	e					
Addr	·ess					
City			State	Zip		
Telep	ohone		Email			
	T <b>INFORM</b> o FIRE are pa	ATION wyable by cash, check, o	r credit card.			
	☐ My cash gift or check is enclosed.					
	Please ch	Please charge my credit card \$				
	□ Visa	☐ Mastercard	☐ American Express	☐ Discover		
	Card Number			CSV		
	Name On Card		J	Expiration (MM/YY)		
	wish to enr	oll in FIRE's Mon	thly Giving Program! P	lease charge my card each mo	nth.	
		me FIRE emails.	, 5 5			
ΠI	wish my do	onation to be anony	mous.			
☐ PI	lease do no	t share my informa	ation.			
Пм	v gift is in	lien of a gift to this	s college or university.			