



Mail-In Donation Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DONATION AMOUNT

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ OTHER \$ _____

FREQUENCY

☐ One Time ☐ Monthly ☐ Annually

PAYMENT METHOD

☐ CHECK ENCLOSED (PAYABLE TO ONE CAMPAIGN)

☐ CREDIT CARD

[] VISA [] MASTERCARD [] AMERICAN EXPRESS [] DISCOVER

CARD NUMBER: _____

SECURITY CODE: _____ EXPIRY DATE: _____

NAME ON CARD: _____

CARDHOLDER'S SIGNATURE: _____

PLEASE RETURN THIS COMPLETED FORM AND YOUR GIFT TO:

ONE CAMPAIGN

1299 PENNSYLVANIA AVE NW, SUITE 400

WASHINGTON, DC 20004

ONE Campaign is a registered 501(C)(3) nonprofit organization. Contributions are tax-deductible to the extent allowed by law. Our EIN: 01-0593565.

donate@one.org | ONE.org