

Donation Form

Yes, I want to help the American Freedom Alliance build support for freedom in the United States. Enclosed in my pledge or tax deductible contribution of \$_____

Yes, I would like to receive the AFA newsletter. I would prefer to receive my newsletter via email

My check is enclosed payable to: American Freedom Alliance

Amount: \$_____

Please charge my VISA MC

Card # _____ exp. _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____

email _____

American Freedom Alliance
11500 W. Olympic Blvd Suite 400, Los Angeles, CA 90064
Phone: (310) 444 3085 Fax: (310) 444 3086
www.americanfreedomalliance.org