



I want to help the American Freedom Alliance build support for freedom in the United States. Enclosed is my ___ pledge or my ___ contribution of:

\$100 \$250 \$500 \$1,000 \$5,000 \$10,000

\$25,000 Other \$ _____

Yes, I would like to receive the AFA newsletter.

Name _____ Organization _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Credit Card Visa MasterCard

Card Number: _____ Expiration _____

Please make check payable to: American Freedom Alliance

Mail to: American Freedom Alliance 11500 W. Olympic Blvd. Suite 400, Los Angeles, CA 90064