



Friends Committee on
Legislation of California



FCL
Education
Fund

BECOME AN FCLCA OR FCL EDUCATION FUND **MONTHLY SUSTAINER** TODAY!

It's easy –there are three simple options to support your voice of conscience in Sacramento with regular monthly contributions.

■ **Do it yourself online** –

- Go to fclca.org. Click on the Donate Now button. Select the amount you would like to donate monthly or quarterly. If it is less than \$50/month, select “Other” and fill in the amount. The minimum is \$10/mo.
- Go to “Please direct my donation to,” click on the drop down arrow and choose either FCLCA Monthly Sustainer Program (this supports lobbying and is not tax-deductible) or FCL Education Fund Monthly Sustainer Program (this supports public education and is tax-deductible).
- Go to “Donation Frequency,” click on the drop-down arrow and select “Monthly” from the menu. That’s it!

OR

- ### ■ **We will set you up for automatic donations each month charged to your credit card or checking account.** Just give us your credit card information on the reverse and mail or fax to FCLCA.

OR

- ### ■ **Set up a monthly automatic deduction from your bank account.** Fill out the application on the reverse, sign it, enclose a signed and voided check and return to FCLCA.

We can charge your credit card monthly (charges will be made to your credit card or bank account associated with the card). Please fill out completely and mail to the address below.

I want to make a monthly donation to:

FCLCA _____ FCL Education Fund (tax-deductible) _____

Amount to charge \$ _____ per month

Visa _____ Mastercard _____

Name as it appears on Account _____

Account Number _____

Expiration Date _____

Address _____

E-mail address _____ Add my name to Action Alert list _____

Telephone Number _____ (required)

Signature _____ Date _____

OR

Set up an automatic deduction from your bank account

I want to make a monthly donation to:

FCLCA _____ FCL Education Fund (tax-deductible) _____

I authorize my bank to charge my bank account in the amount of \$ _____ (\$10 minimum) on the 18th day of each month. I understand that I may change or discontinue participation at my request. I agree to notify FCLCA if I close or change my current bank account.

Authorization Signature _____ Date _____

Name _____

Address _____

City/State/Zip _____

Phone Number _____

Sign and Return with a signed and voided check to FCLCA.

FCLCA 1225 8th Street, Suite 220 Sacramento, CA 95814
(916) 443-3734 Fax (916) 448-6109