The National Priorities Project

Providing the resources to change federal budget and tax policies to promote social and economic justice.

NPP INVESTORS' CIRCLE

I would like to become a member of the NPP Investors' Circle.

Examples of what my money can accomplish:

Reach 50 more local groups nationally	__ $2,500 / year for 5 years
Provide trainings to 3 more national organizations with grassroots chapters	__ $5,000 / year for 5 years
Increase NPP's presence in D.C.	__ $10,000 / year for 5 years
Expand NPP Database to the local level	__ $25,000 / year for 5 years

You can choose to pay your 5-year pledge ***monthly*** by filling out the box below.

MONTHLY GIVING PROGRAM

I would like to be a part of the Monthly Giving Program and will pledge the following monthly amount:

__ $500 __ $100 __ $25
__ $250 __ $50 __ Other_____

__ I am currently a monthly contributor at _____/ month.
Please change my existing pledge to _____/ month.

OTHER GIVING OPTIONS

__ I would like to make a **One Time Gift** of _____.
__ I would like to make a gift of $_____ per year for ___years.
__ I would like to make a gift in **honor/memory** of _____
__ My company makes **matching gifts**:
Company: _____, Contact Person _____
Telephone number: _____

__ I am interested in making a **gift of stock**
__ I am interested in putting NPP in my **will.**
__ I am interested in learning more about **Planned Giving**

MY INFORMATION

Name_____

Address_____

City_____ State_____ Zip_____

Phone (____)_____ Invited by _____

Email Address _____
__ Please contact me. I would like to help spread the word about NPP.
__ Please contact me. I'd like to learn more about NPP.

PLEASE COMPLETE FOR MONTHLY PAYMENTS

__ **Checking Account EFT:** My signature below indicates that I authorize an Electronic Funds Transfer (EFT) each month from my checking account.
I have enclosed a check for my first month's payment to set up the EFT.

_____ _____ $_____
Signature Date Monthly gift

__ **Credit Card:** I would like to give monthly by Mastercard or VISA. My signature below authorizes monthly withdrawal from my credit card account.

Mastercard or VISA (please circle one)

Card #: _____ Expiration Date:_____

_____ _____ $_____
Signature Date Monthly gift

Automatic payments may be stopped at any time by contacting the National Priorities Project at (413) 584-9556.

National Priorities Project
17 New South Street - Suite 302 - Northampton, MA 01060
Tel: (413) 584-9556 - Email: info@nationalpriorities.org