



CONTRIBUTION BY MAIL

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ - _____ - _____

Email: _____ @ _____

Please make all checks payable to First State Liberty, Inc.

Or to pay by credit card:

Card Number: _____

Security Code: _____ Expiration: ____/____

Billing Address: _____

Check here if same
as home address. _____

Make this monthly recurring donation.

I AFFIRM THAT THE FOLLOWING STATEMENTS ARE TRUE AND ACCURATE:

I am authorized to use the payment method given for this contribution.

I understand that because of First State Liberty's tax-exempt status under IRC Sec. 501(c)(4) and its state and federal legislative activities, contributions are not tax deductible as charitable contributions (IRC § 170) or as a business deduction (IRC § 162(e)(1)).