

# PCRM Donation | Membership Form

*Count me in to help!*

PCRM is a 501(c)(3) nonprofit organization, and we depend on our members to fund our work. With your support, we are able to stop the cruel use of animals in research, testing, and medical training, advance preventive medicine, and promote the life-saving benefits of plant-based nutrition—for people, animals, and the planet.

Thank you for your support!

**Already a member?**  Yes  No If yes, is this:  A renewal  An additional donation

## Choose your donation/membership option:

- |   |   |
|---|---|
| <input type="checkbox"/> Supporter .....\$20.00                 | <input type="checkbox"/> President's Circle.....\$5,000 - \$9,999 |
| <input type="checkbox"/> Friend .....\$35.00                    | <input type="checkbox"/> Champion .....\$10,000 - \$24,999        |
| <input type="checkbox"/> Partner.....\$50.00                    | <input type="checkbox"/> Innovator .....\$25,000 - \$49,999       |
| <input type="checkbox"/> Advocate ..... \$100.00                | <input type="checkbox"/> Visionary .....\$50,000 - \$99,999       |
| <input type="checkbox"/> Fellow ..... \$500.00                  | <input type="checkbox"/> Founder's Circle .....\$100,000+         |
| <input type="checkbox"/> Guardian Circle .....\$1,000 - \$4,999 |   |
|   | <input type="checkbox"/> Other Amount.....\$ _____                |

## Contact information:

Please check appropriate title:  Mr.  Mrs.  Ms.  Miss  Dr.  Mx.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Method of payment [check or credit card]:

- Attached is my check (payable to PCRM) OR  
 Please charge to my:  MasterCard  Visa  Discover  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Looking for an easy, high-impact way to support PCRM's work?

PCRM's monthly giving program, the **Remembering Rodney Society**, was named in memory of Rodney, a sweet, loving dog, who was forced to undergo painful surgical procedures before he was killed in a veterinarian training program. Rodney is gone, but there are still thousands of "Rodneys"—in all sizes and species—in training and research labs who we can still save. As a Remembering Rodney Society member, you'll provide the reliable, monthly support we need to shut down the remaining laboratories using animals and advance all our lifesaving programs—all year long.

- Yes, please enroll me in the Remembering Rodney Society—you can count on me to make monthly gifts of:  
 \$8  \$10  \$15  Other \$ \_\_\_\_\_ Monthly

### Automatic Bank Withdrawal (Option #1)

- I authorize my bank to transfer my gift amount to PCRM each month.  
(Please enclose a voided check from your account, along with this form.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### Debit/Credit Card (Option #2)

- I authorize PCRM to charge my debit/credit card each month. I have provided my credit card information above.

Please return this form to:

PCRM, Attn: Membership, 5100 Wisconsin Ave. NW, Suite 400, Washington, DC 20016 • Tel: 202-686-2210 / Fax: 202-527-7455