



**Please Support Us in our Work to  
Defend the Bill of Rights**

**Donation Form**

*Your donation to the ACLU-MN Foundation is tax-deductible.*

Please complete the form and mail to: **ACLU-MN Foundation**  
**450 N. Syndicate Street**  
**Suite 230**  
**St. Paul, MN 55104**

**First Name:**

**MI:**

**Last Name:**

**Address:**

**Address 2:**

**City:**

**State:**  **Zip Code:**

**Phone:**  **E-mail Address:**

If you would like to join our Legislative Action Network and receive e-mail updates mark an "x" here: \_\_\_\_\_

**Donation Amount:**

**Method of Payment:**  
(select one with an "x")

Visa

MasterCard

American Express

Check or Money Order (payable to ACLU-MN Foundation)

**Card Number:**  **Expiration Date:**

**Thank you for your generous support!**