



# PRINTABLE DONATION FORM

Please mail the completed form to:  
**NhRP, 611 Pennsylvania Avenue SE #345**  
**Washington, DC 20003**

**Donation Amount: \$** ☐ **Monthly** ☐ **One-time**

## DONOR INFORMATION

Full Name:

Email Address:

Address:

Phone Number:

Donate by check ☐

Mail check and this form to: **NhRP, 611 Pennsylvania Avenue SE #345,**  
**Washington, DC 20003**

Donate by credit card ☐

**Please do not email this form with card information.**  
Mail it to the address above, or give online at [nonhumanrights.org](http://nonhumanrights.org).

Credit Card #:     -     -     -

Expiration Date:   -

Circle Credit Card Type



Authorizing Signature:

Name on Card:

## DEDICATION

Are you dedicating this donation? ☐ YES ☐ NO

My donation is in honor of:

Would like NhRP to send a card to someone as notification of this gift? ☐ YES ☐ NO

If yes above, please enter the mailing address: