



## Donation Form

### Donor Information

Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### This Gift is made (if not applicable, leave blank):

\*In memory / honor (circle one) of \_\_\_\_\_

Please notify the following person of this gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Check or Cash:** Enclosed is my gift of \$ \_\_\_\_\_ made payable to the American Immigration Council.

Please mail your contribution along with this form to:

American Immigration Council

PO Box 829812

Philadelphia, PA 19182

For more information please contact Megan Hess at (202) 507-7517 or [mhess@immcouncil.org](mailto:mhess@immcouncil.org).