



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

P.O. Box 759466

Baltimore, MD 21275-9466

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