

# Contribution Card



*I hereby authorize the Nashville Neighborhood Defense Fund to charge my credit/debit card or checking account under the following terms:*

- |   |  |
|---|--|
| <input type="checkbox"/> \$10 per month | <input type="checkbox"/> \$50 per month  |
| <input type="checkbox"/> \$20 per month | <input type="checkbox"/> \$75 per month  |
| <input type="checkbox"/> \$30 per month | <input type="checkbox"/> \$100 per month |

By credit/debit card

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

By bank draft (*Please attach a voided check*)

Signature \_\_\_\_\_

*I understand I can cancel my automatic monthly contribution at any time by contacting the NNDF.*

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Employer\* \_\_\_\_\_

Occupation\* \_\_\_\_\_

E-mail Address \_\_\_\_\_

Neighborhood \_\_\_\_\_

\* The NNDF is required to maintain the information marked with an asterick for each contributor.

**Mail to:**

**Nashville  
Neighborhood  
Defense  
Fund**

**P.O. Box 90745  
Nashville, TN 37209**

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[www.neighborhooddefensefund.org](http://www.neighborhooddefensefund.org)**

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