

WAYS TO BE INVOLVED

BE AN ADVOCATE

Participate as part of a committed core group of advocates who: meet twice a month, including a monthly conference call and a second meeting to plan and take specific action; maintain regular contact with your group; and conduct regular outreach.

BE A MONTHLY SPONSOR OR DONOR

Help generate the power to ensure a better world by becoming a monthly sponsor or making a one-time gift. See below.

JOIN THE RESULTS ACTION NETWORK

Participate occasionally by receiving monthly email action alerts and invitations to attend RESULTS meetings, conference calls, or letter-writing campaigns and taking action during critical times such as national call-in days.

I'm interested in these issues (check all that apply):

- Global microfinance
- Global education for all
- Global health
- Global children issues
- U.S. tax policy
- U.S. health
- U.S. early learning
- U.S. nutrition

I will be an advocate in the (insert location of group):

_____ Global Group focused on creating champions for the end of global poverty.

_____ U.S. Poverty Group focused on creating champions for the end of U.S. poverty.

Name

Email (please print clearly)

Home Phone (please include area code)

Cell Phone (please include area code)

Address (include apartment number)

City State Zip

DONOR INFORMATION

I'd like to make a(n) one-time gift of monthly gift of increase of my monthly gift by

\$25 \$50 \$75 \$100 \$500 \$1,000 other amount that is personally meaningful \$ _____

For monthly gifts: You are authorizing a monthly payment from your credit card or bank. Your donation can be changed or cancelled at any time by contacting RESULTS.

Please check one:

- RESULTS Educational Fund (REF) (Donations are tax-deductible.)
- RESULTS (Donations are not tax-deductible but are critical for our lobbying work.)

Donor information must be filled out completely for all gifts.

My check is enclosed (Please make check out to RESULTS *or* REF) Charge my: Visa MasterCard AmEx Discover

Card No. (15 digits for AmEx, 16 digits for all other cards)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Exp. Date

Security Code*

_____|_____|_____|_____|_____|_____|

Name

Signature

I wish to remain anonymous.

Billing Address (include apartment)

City

State

Zip

***The security code is the three-digit card verification number on the back of most cards, or the four-digit code on the front of AmEx cards.**