



ALL PEOPLE FREE

General Online Donation Form

Mail This Form and Donation to:

All People Free,
P.O. Box 1040
Lynden, WA 98264

One-Time Donation Amount: \$_____

☐ **YES! Please make this a recurring monthly donation and All People Free with my monthly gift of:**

☐ \$25/month ☐ \$50/month ☐ \$150/month ☐ Other \$ _____/month

Donation Information:

Company Name (if applicable): _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ Email Address: _____

☐ **Yes, I would like to receive email communications from All People Free (i.e., updates on families freed, upcoming projects, overseas programs, etc.).**

☐ **My check is enclosed and made out to All People Free.** ☐ **Please charge my credit card.**

Credit Card Authorization:

Credit Card Type: ☐ AMEX ☐ VISA ☐ MASTER CARD ☐ DISCOVER

Card Billing Address (if the same as above, leave blank): _____

City: _____ State: _____ Zip Code: _____

Phone Number of Cardholder: _____

Card Number: _____ Exp. Date (month/Year) _____ CVC: _____

☐ I hereby authorize All People Free to charge the following amount of \$_____ to my credit card.

☐ One-Time ☐ Monthly

Cardholder Signature: _____ Date: _____



ALL PEOPLE FREE

All People Free is a registered 501(c)(3) nonprofit. EIN 82-1638126.

CONTACT@ALLPEOPLEFREE.ORG

206.339.9279