

12/14  
244M

# SUPPORTER'S PLEDGE

NATIONAL ALLIANCE • BOX 172 • LAUREL BLOOMERY • TN 37680

I have studied the goals and the program of the National Alliance outlined in "What is the National Alliance?", and I want to support the Alliance's efforts. I will pay the monthly amount I have indicated below. I am enclosing my first month's support and my \$25 supporter registration fee with this pledge.

Signature of supporter: \_\_\_\_\_ Date: \_\_\_\_\_

(Please type or print clearly all information requested below.)

### Choice of Monthly Support Level

The supporter should indicate his support level in the space below, choosing a whole-dollar value (minimum \$20) as high as his means permit. A supporter may elect to pay this amount each month or as many months in advance as he wishes (e.g., on a quarterly or an annual basis).

Amount of monthly support: \_\_\_\_\_

Were you contacted or given information about the National Alliance by a member?  Yes  No

If "yes" what is that member's name? \_\_\_\_\_

If "no" how did you hear about the National Alliance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Primary email \_\_\_\_\_

Secondary email \_\_\_\_\_

Telephone, home \_\_\_\_\_

work \_\_\_\_\_ cell \_\_\_\_\_

I am enclosing my first month's support (\$\_\_\_\_) PLUS my \$25 application fee. Total Enclosed: \_\_\_\_\_