



DONATION FORM

Please mail or fax the completed form along with a check or credit card information to:

NPG
2861 Duke Street, Suite 36
Alexandria, VA 22314
FAX: 703-370-9514

Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Credit Card Payment Option

VISA Master Card American Express Discover

Credit Card # _____ Exp. Date _____
CVC # _____

Amount: \$35 (Annual Membership Dues)
 \$15 (Student Membership)
 \$50
 \$75
 \$100
 Other _____

Print name as it appears on card _____

Signature _____

*NPG is recognized as a 501(c)(3) non-profit organization,
all contributions are tax-deductible to the extent the law allows.*