



Membership Renewal Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
Partners Name	
Partners email	
E-Mail	

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Security code	
Authorized signature	

Membership Category: Please Circle the correct category

- 1. Special - \$15
- 2. General - \$ 35 per year
- 3. Couples - \$50
- 4. Contributing - \$ 100 per year
- 5. Sponsoring - \$500
- 6. Life - \$5,000 and up

I would like to make an additional contribution to the Gertrude Stein Democratic Club:
Contribution Amount: _____ Initial: _____

I would like to join the president’s club and authorize a monthly reoccurring donation that will be automatically charged to the credit card listed above every month.

Monthly Contribution Amount: _____ Initial: _____

Signature(s)
Date

Make Checks Payable to *“The Gertrude Stein Democratic Club”*

Mail form to 1929 18th ST NW PMB 2000 Washington, DC 20009

Gertrude Stein Democratic Club on File with the DC Office of Campaign Finance