

# The Human Rights Documentation Exchange Donation Card

Please Mail or Fax this to:  
Human Rights Documentation Exchange  
P.O. Box 2327  
Austin, Texas 78768  
Fax: 512/476-0130

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

e-mail address: \_\_\_\_\_

We respect your privacy. None of the above information will be sold or traded.

I would like to donate:

\$1,000

\$500

\$250

\$100

\$50

Other

**Please bill my credit card.**

Name that appears on the card: \_\_\_\_\_

Type of Card:                      Visa  
   MasterCard

Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

**I am Enclosing a check**

**I would like to become a Bank Draft Donor.** Enclosed is a voided check I understand that you will deduct \$\_\_\_\_\_ from my account on the 1<sup>st</sup> day of each month. I understand that I can terminate this donation at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date