

Center for the Study of White American Culture, Inc.

Donation Form

Name _____

Street address _____

City _____ State _____ Zip _____

Phone _____

Amount enclosed \$ _____

Name of CSWAC fundraiser who encouraged me to donate: _____

____ I am making a donation in honor of another person.

Name of person donation is in honor of: _____

____ I am making a donation in the memory of someone.

Name of person donation is in honor of or in memory of: _____

Person to notify of this donation: _____

Email or postal address of person to notify: _____

Personal message from you to person being notified (optional): _____

MAILING INSTRUCTIONS:

Please mail your completed form along with your check made out to "CSWAC" to:

CSWAC
900 Easton Ave, Ste 26 #136
Somerset, NJ 08873