

REPLY MEMORANDUM

I want to support state solutions that have national impact!

<input type="text"/>	<input type="text"/>	
Name	Address	
<input type="text"/>	<input type="text"/>	
Phone	City	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	State	Zip

I authorize my bank to electronically pay State Policy Network the amount stated below each month.

<input type="text"/>	\$ <input type="text"/>
Signature	Please enclose a voided check. Amount

I would like to make my tax-deductible gift by credit card each month.

Credit Card Type	VISA	MasterCard	AMEX	Discover
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name on Card	Credit Card Number		Expiration Date	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	
Signature			Amount	

Please mail to:
State Policy Network
Attn: Tracie Sharp
1655 N Forth Myer Drive
Suite 360
Arlington, VA 22209

Help State Policy Network put your gift to work immediately by visiting SPN.org and making your donation online.