

State Policy Network's vision is an America where personal freedom, opportunity, and a more peaceful society flourish because collaborative and entrepreneurial leaders in the network secured lasting social change at the state and local level.

REPLY MEMORANDUM

I want to support state solutions that have national impact!

| Name | | Address | | |
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| Email | | State | | Zip |
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| I authorize my bank to electronically pay State Policy Network the amount stated below each month. | | | | |
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| 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 |
| | | | | |
| Name on Card | | Credit Car | d Number | Expiration Date |
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| 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.