

JOIN THE MARYLAND COALITION AGAINST SEXUAL ASSAULT

[] YES, I want to do my part to help eliminate sexual violence in Maryland!

Member Information:

Name _____
(Please print name as you would like it to appear in our publications) Do not publish my name
Address _____
City _____ State _____ Zip _____
E-mail _____ Organization _____

- Please sign me up for the Legislative E-Lert (*e-mail required*)
- Check Enclosed (Payable to MCASA)
- Please charge my Visa or MasterCard # _____

Exp. Date _____ 3-digit code _____

Signature _____

[] It's OK to list me as a Member/Donor [] Do not list me

Legislative E-Lert:

- [] Please sign me up for legislative E-lerets.
(E-mail address required)

Payment Information:

Membership:

- Organizational Membership \$150 Regular Membership \$50
- Supporting Membership \$20
- Donation __\$50 __\$100 __\$250 __\$500 (*donations of \$50 or higher include membership*)

*MCASA is a non-profit 501(c)(3) organization.
Your contributions are tax deductible.*

Please make checks payable to MCASA.

 Mail	 Phone	 Online
<p><i>Please mail payments & applications to:</i></p> <p>MCASA 1517 Gov. Ritchie Hwy, Suite #207 Arnold, Maryland 21012</p>	<p><i>For more information or to speak to someone about your contribution please call:</i></p> <p>410.974.4507</p>	<p><i>Contact us via e-mail at:</i></p> <p>info@mcasa.org</p> <p><i>Or visit our Web site at:</i></p> <p>www.mcasa.org</p>

Thank You for Your Contribution.