



Donation/\$Support
All Aboard Arizona Executive Director Position

Date _____

Member Name (Last) _____ (First) _____

Address _____

City _____ State ____ Zip _____

Phone number _____ Email Address _____

Please Mark All Appropriate Boxes below:

- \$25.00
- \$50.00
- \$100.00
- \$500.00
- \$1000.00
- Other: \$____.____

• **PAY BY CHECK:** Pay to the order of *All Aboard Arizona*

• **CREDIT CARD** (*circle one*) VI MC DIS CARD# _____

Month _____ YR _____ CID# _____

• **Pay on line-** see web site AllAboardArizona.org and pay by credit card or bank transfer

SEND TO: TREASURER, ALL ABOARD ARIZONA, P.O. BOX 11978, PRESCOTT, AZ 86304

NOTE: ALL ABOARD ARIZONA IS A FULLY QUALIFIED 501(c) (3) ORGANIZATION RECOGNIZED BY THE U.S. INTERNAL REVENUE SERVICE