

ARRL Diamond Club Donation Form

| Full Name: | | Callsign: | | |
|--------------------------|------------------------------|-------------------|-----------------|------------|
| Address: | | | | |
| City: | | State:Zip: | Count | ry: |
| Phone #: | E | -Mail: | | |
| YES! I want to su | upport Diamond Club i | n the total amour | nt of \$ | |
| □ Make m | y gift recurring monthly! | | | |
| Return this form | , and check payable | to ARRL, to: | | |
| | ARRL De | velopment Offic | ce | |
| | 225 | Main Street | | |
| | Newir | gton, CT 06111 | | |
| Or, please charg | ge the total amount a | above to my cred | lit card: | |
| □ Visa | □ MasterCard | □ American | Express | □ Discover |
| Card #: | | CVV: | Exp. [| Date: |
| Signature: | | | | |
| | | | | |

ARRL is an IRS-designated 501(c)(3) nonprofit organization holding federal tax identification #06-6000004

Questions? Please call at 860-594-0228 or email development@arrl.org. THANK YOU!