



ARRL Development Donation Form

Full Name _____ Call Sign _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

Donation amount \$ _____

I would like this donation to be monthly.

Please apply my contribution to the following fund(s):

Diamond Club Spectrum Defense Fund Education & Technology Program

Other Fund(s): _____

This gift is in memory or in honor of: _____

For memorial/honorary gifts, please notify:

Name _____

Address _____

City _____ State _____ Zip _____

Return this form, and check payable to ARRL, to:

ARRL Development Office,

225 Main Street,

Newington, CT 06111.

Or, please charge the total above to my credit card:

Visa MasterCard American Express Discover

Card #: _____

Exp. Date: _____ Security Code: _____

Signature: _____

For more information, please call the ARRL Development Office at 860-594-0228 or 860-594-0348.