

PCRM Donation | Membership Form

Count me in to help!

PCRM is a nonprofit organization, and we depend on our members to help fund our work. Membership is open to both physicians and non-physicians. All gifts made to PCRM are tax deductible—we are a 501(c)(3) organization. With your help, we are able to conduct life-saving clinical research trials, stop cruel and unnecessary animal experiments, promote preventive medicine, and keep the public informed about important advances in nutrition and health care. Join PCRM today!

Already a member? Yes No If yes, is this: A renewal An additional donation

Choose your donation/membership option:

- PCRM Supporter \$20.00
- PCRM Friend \$35.00
- PCRM Partner \$50.00
- PCRM Advocate \$100.00
- PCRM Fellow \$500.00
- Other/Additional Amount \$ _____
- Total** \$ _____

Contact information:

I am a: Physician Non-physician
Please check appropriate title: Mr. Mrs. Ms. Miss Dr.
First Name: _____ Last Name: _____ Suffix: _____
Street Address: _____
City: _____ State _____
Zip/Postal Code: _____ Country: _____
Home Phone: _____ Work Phone: _____
E-mail Address: _____

Method of payment [check or credit card]:

Attached is my check (payable to PCRM) OR
 Please charge to my: PCRM MasterCard MasterCard Visa Discover
Credit Card Number: _____
Expiration Date: _____ Three-digit security code on back: _____
Signature: _____

Looking for a way to support PCRM's work on a regular basis?

Our automatic monthly giving program, The Remembering Rodney Society, is named after a mixed-breed dog on which veterinary students practiced several surgeries before he was euthanized. His story captures the essence of why PCRM was founded. Rodney's story, unfortunately, is shared by millions of animals used in education and research who are unable to speak for themselves. Your monthly donation will help us stop this outrageous use and waste of innocent animal lives. The Remembering Rodney Society giving program is a great way to support PCRM programs on a regular basis through automatic monthly charges to your credit card. You'll never need to write another check or send in another renewal—it's automatic!

Yes, please charge the following amount to my credit card each month. I will notify PCRM if and when I wish to discontinue this automatic monthly donation. \$ _____

Please return this form to:

PCRM, Attn: Membership, 5100 Wisconsin Ave. NW, Suite 400, Washington, DC 20016 • Tel: 202-686-2210 / Fax: 202-527-7455