



Membership/Renewal Application

Please print or type clearly

_____	_____	_____	_____
Last Name	First Name	MI	Home Telephone
_____			_____
Address			Work Telephone
_____			_____
Address			Fax
_____	_____	_____	_____
City	State	Zip	E-mail
			<input type="checkbox"/> I would like to receive advance notice of the Center's reports.

Contribution Information

I will support the Center for Public Integrity and its efforts to uncover abuses of the public trust. Enclosed is my tax-deductible contribution of:

____ \$60 ____ \$120 ____ \$250 ____ \$500 ____ \$1,000 \$_____ Other

(Contributions of \$500 or more in a 12-month period will be publicly acknowledged)

Payment Method

____ My check or money order made payable to the Center for Public Integrity is enclosed.

____ I wish to make a contribution using my credit card.

Please charge my: ____ Visa ____ MasterCard ____ American Express		
_____	_____	_____
Card Number	Expiration Date	
_____	\$ _____	_____
Name as it appears on the card	Total Amount	

Signature		

Please mail or fax completed application to: The Center for Public Integrity
Attention: Development Department
910 17th Street, NW, 7th Floor
Washington, DC 20006

Fax: 202-466-1101

Thank you for joining the Center for Public Integrity.
Questions? Contact us at 202-466-1300 option 2