



You Can Make A Difference Join The Loudoun NAACP

P.O. Box 2439 • Leesburg, VA 20177-7724 • 703-779-2990

"Join the Fight for Freedom" During Our Membership Campaign

Please Print

Date _____
Mr./Mrs./Ms. _____
Address _____

City _____
State _____ Zip _____
Telephone _____

Fax _____
e-mail _____
Solicitor _____
Address _____

City _____
State _____ Zip _____

Type of Membership *(please check one)*

Regular Membership

Youth (without *Crisis Magazine*)\$10.00
Youth (with *Crisis Magazine*)\$15.00
Adult\$30.00

Lifetime Membership

Junior Life (13 & under)Full Cost \$100.00
payable in annual installments of \$25.00 or more

Bronze Life (ages 14-21)Full Cost \$400.00
payable in annual installments of \$50.00 or more

Silver LifeFull Cost \$750.00
payable in annual installments of \$50.00 or more

Gold LifeFull Cost \$1,500.00
available to fully paid regular life members only
payable in annual installments of \$50.00 or more

Diamond LifeFull Cost \$2,500.00
payable in annual installments of \$50.00 or more

CorporateFull Cost \$5,000.00
payable in annual installments of \$500.00 or more

Please cut here and mail the top portion with your contribution



Important Tax Information

Gifts and contributions to this NAACP Branch are not deductible as charitable contributions. However, a portion of your dues is passed on to the NAACP National Organization and these payments are tax deductible.

The Specific amounts that qualify are as follows:

\$10.00 Youth (without *Crisis Magazine*) \$5.70 is Tax Deductible
\$15.00 Youth (with *Crisis Magazine*) ..\$4.20 is Tax Deductible
\$30.00 Adult\$11.85 is Tax Deductible
\$100.00 Junior Life (13 & under)\$56.40 is Tax Deductible
\$400.00 Bronze Life (ages 14-21)\$236.40 is Tax Deductible

\$750.00 Silver Life\$414.00 is Tax Deductible
\$1,500.00 Gold Life\$864.00 is Tax Deductible
\$2,500.00 Diamond Life\$1,464.00 is Tax Deductible
\$5,000.00 Corporate\$2,996.40 is Tax Deductible

NAACP Membership Receipt

I've Joined the Fight for Freedom

Date _____
Received from:
Mr./Mrs./Ms. _____
Address _____

City _____
State _____ Zip _____

Paid \$ _____ Type of Membership _____
Solicitor's signature _____
Solicitor's Address _____

City _____
State _____ Zip _____