



Name: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Please Select Your Level of Support:

- \$5.00 Student/Limited Income Member
- \$10.00 Regular Member
- \$25.00 Supporting Member
- \$100.00 Sustaining Member
- \$250.00 Life Member
- Other amount: _____

Additional Comments or Questions?

Please return to:

Eugene V. Debs Foundation
P.O. Box 9454
Terre Haute, IN. 47808