



INDEPENDENCE INSTITUTE.ORG

Yes! I want to invest in the Independence Institute to advance the principles of limited government.

One-Time	Monthly	Quarterly	Bi-Annually	Annually		
\$5,000	\$1,000	\$500	\$250	\$100	\$75	\$50 Other:

Contact Information

Name: _____ **Phone:** _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **Email:** _____

Payment Information

Check **VISA** **Amex** **Mastercard** **Discover**

Please make your check payable to
Independence Institute.
Mail this completed form to:
Independence Institute
727 East 16th Avenue
Denver, CO 80203

Name on Card: _____
Card Number: _____
Exp. Date: _____ **CSC Code:** _____
Signature: _____

NOTE: For your security,
please DO NOT email this form.

Policy Interest I am interested in the following policy areas:

Education	Transportation	Healthcare	Constitution	Article V
Energy	2nd Amendment	Fiscal	Other:	

Comments:

MAIN

Thank You! We look forward to partnering with you to bring
limited government and prosperity to Colorado. **Think Freedom!**