



California NOW

Working to advance the women and girls of California

Annual Membership Dues Payment Set-Up Form

California NOW understands that women’s rights are human rights, that is, every human being is born free, equal in dignity and rights, and must enjoy the equal protection of the law against discrimination based on sex, sexuality, gender, race, ethnicity, national origin, age or other actual or perceived classification.

Your Annual Membership Dues ensure that we are able to continue working to create, advocate, implement and monitor legislation that uses a woman-centered human rights framework in advancing women and girls’ equality and empowerment.

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

Please process my Annual Membership Dues Payment of:

___ \$10 ___ \$25 ___ \$40 ___ \$50 ___ \$100 \$ _____ **Other Amount (\$10 minimum)**

Please process my payment on the: ___ 1st **OR** ___ 15th **of the month**

Please start processing my Annual Membership Dues Payment on: _____ / _____ **(month / year).**

Please note that your Membership Dues payment will process on an Annual Recurring basis.

Enclosed is a voided check OR credit card information for my donation. Please transfer my membership dues payment annually from my checking/credit card account. I understand my future payments will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online form at www.canow.org or by contacting California NOW by phone or mail. All payments provided to California Now comply with U.S. Law.

Credit Card Number _____ **Expiration Date** ____ / ____



Signature (Required) _____ **Date** _____

KEEP THIS FOR YOUR RECORDS:

I understand my future payments will be transferred directly from my account as stipulated below. I understand that I may increase, decrease, or suspend my gift at any time through the online form at www.canow.org, or by contacting California NOW by phone or mail. All payments provided to California Now comply with U.S. Law

Please record your annual recurring payment information below:

Payment Amount: ___ \$10 ___ \$25 ___ \$40 ___ \$50 ___ \$100 \$ _____ Other Amount (\$10 minimum)

Process my payment on the: ___ 1st **OR** ___ 15th **of the month**

Please start processing my Annual Membership Dues Payment On: _____ / _____ (month/year)