



TAP Membership Renewal Form

Mr./Ms./Mrs./Dr.

Name

Address 1

Address 2

City

State

Zip/Postal Code

Country

Daytime Phone

Evening Phone

Email

Fax

Please make changes and corrections above.

Level of Support (*Donations to **Teachers Against Prejudice**, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.*):

- Student—donation of \$10 or more—*Participate in TAP's online discussion*
- Member—donation of \$20 or more—*Participate in TAP's online discussion*
- Friend—donation of \$35 or more—*Participate in online discussion and receive a TAP gift*
- Sponsor—donation of \$100 or more— *Participate in online discussion and receive two TAP gifts*
- Patron—donation of \$250 or more— *Participate in online discussion and receive three TAP gifts*
(With permission, we will list sponsors and patrons on our website.)
- Other amount: _____

- I would also like to volunteer my time to help with mailings, event planning, essay contests, etc.; please contact me with information about how I can help **TAP**.

Credit Card—please check one: Visa MasterCard American Express Discover

Name on Card (please print)

Credit Card Number

3-4 digit Card Security Code

Expiration Date

Signature

Please return this form with your tax deductible donation to:

TAP
381 Long Hill Road
Wallingford, CT 06492

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