

# MUSLIM ADVOCATES



Yes! I want to support **Muslim Advocates**  
at the amount indicated below.

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TITLE \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

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NAME (PLEASE PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## I WILL PAY WITH A:

- Check** – Please make check payable to Muslim Advocates and mail to:  
*Muslim Advocates, P.O. BOX 34440, Washington, DC 20043*
- Credit Card** – To pay with credit card, please [click here](#).
- Please **Invoice Me** using the contact information and address above.

For more information please contact  
**Renee Bullion**, Director of Development  
at [renee@muslimadvocates.org](mailto:renee@muslimadvocates.org)  
or at **202-897-1894 x1005**.



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