



## House Freedom Caucus 10 Year Anniversary Celebration & Policy Summit Registration

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SUGGESTED CONTRIBUTION (CIRCLE): **Patriot** **Vanguard** **Sentinel**  
\$10,000/Couple \$50,000/Couple \$100,000/Couple

NUMBER ATTENDING (CIRCLE): **1 OR 2**

NAME OF REGISTERED GUEST (IF 2 GUESTS REGISTERED): \_\_\_\_\_

DONATION AMOUNT: \$ \_\_\_\_\_

WILL YOU BE NEEDING A HOTEL ROOM? **YES OR NO**

FOOD ALLERGIES: \_\_\_\_\_

**I would like to make my tax deductible gift by:**

☐ Check ☐ Credit Card ☐ Wire ☐ Discover  
☐ Visa ☐ Master Card ☐ AMEX

NAME ON CARD \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ CODE \_\_\_\_\_

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

Please mail this form to:  
**Freedom Caucus Foundation**  
**417 A Street SE**  
**Washington, DC 20003**  
**Domestic Wire Instructions**

**Servisfirst Bank**  
**ABA No. 062006505**  
**300 Galleria Parkway SE, Suite 100**  
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**Freedom Caucus Foundation**  
**800 N King Street, Suite 304-2729**  
**Wilmington, DE 19801 USA**  
**Account No. 5001526168**

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