



Donation/Membership Form

Today's Date

The Defender
newsletter -
add a language:

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First Name

Last Name

Email Address

Donation Amount

Would you like to become a member? Requires minimum \$10 donation. Respond with: Yes, No, or Already a Member

Funding Options: *Wherever Needed Most, General Litigation Fund, California Litigation Fund, New York State Litigation Fund, or Stop 5G.*

Street Address

City

State or Province

Zip/Postal Code

Country

Phone I agree to receive text messages from CHD. Msg/data rates may apply. Opt out at any time.

• Optional: Demographic Information •

To determine how you may be able to help in our legal efforts and initiatives, we are requesting demographic information about you and your family.

Your Age: 18-25 years, 26-45 years, 46-65 years or 66+ years

Ages of children, if any

Occupation: Other, Attorney, Medical Professional, Dental Professional, Journalist, Marketing

Would you like to be a CHD volunteer?

Please tell us about any special talents that you could provide as a volunteer?