



I WANT TO JOIN THE FIGHT TO STOP THE UNFAIR COMPETITION

Please respond before September 1st, 2005

Date: _____

Person's Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Contribution Amount: **USD \$1,000.00**

Contribution Method: Bank Wire Credit Card Check

List my Company Name as a contributor (Web, In Print)? Yes No(keep my donation private)

I want to be SURE that **my** retailers get this package! Please contact me about supplying retailer names and contacts to the Art Copyright Coalition's law firm (under seal of confidentiality). No-one other than this law firm will be allowed to see the list. Contact Me

ALL FUNDS CONTRIBUTED TO THE RETAILER PROTECTION PROGRAM WILL BE USED ONLY FOR RETAILER EDUCATION, AND FOR NO OTHER PURPOSE.

Please make check payable to Art Copyright Coalition-RPP.

For Bank Wire instructions, please e-mail info@artcc.org and we will reply right away.

Credit Card: Name on Card: _____ Card: M/C VISA American Exp
Card Number: _____ Exp Date: _____

PLEASE send or fax this form and payment to:

Art Copyright Coalition -
Retailer Protection Program
575 7th Street, NW
Washington DC, 20004
Email: info@artcc.org
Telephone: 202-344-8500
Fax: 202-344-8505

THIS FORM MAY BE FOUND ON OUR WEBSITE: WWW.ARTCC.ORG