



Non-Aryan Sympathizer Form

Fill out and send application to:

staff@americannaziparty.com

Choice of monthly donation:

The sympathizer should indicate their donation level in the space below, choosing a whole-dollar amount (\$10 min. Cash or Money order made out to "ANP" ONLY) as high as their means permit. It is permissible to send in a donation each month or as many months in advance as one wishes (e.g., on a quarterly basis).

Monthly Donation Amount: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail (Optional): _____

I, the undersigned wish to become an official sympathizer for the American Nazi Party. Though I am a non-Aryan male or female, I am in basic agreement with the aims of the American Nazi Party. I furthermore recognize that a National-Socialist success would end the corruption and exploitation that negatively affects people of all ethnicities.

Signature/Date: _____