

Partnership Form

yes, I would like to become a **Partner**.

My monthly / quarterly / annual (circle one) gift will be \$ _____.

(A minimum gift of \$120 per year is required for membership.)

webpp

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

I'd like to give by credit card.

Please charge my:

Visa Mastercard Discover

Acct. #: _____

Exp. Date: _____

Signature _____

Date _____

I'd like to have my gifts deducted from my bank account. I have filled out the **Electronic Funds Transfer Authorization to mail with this form**

 **PARTNERS**