



## Celebration of Faith and Service Gift/Pledge Form

Yes, I want to support Dignity's advocacy work, putting our faith into service

Chapter Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

E-mail: \_\_\_\_\_

Add me to the DUSA E-News distribution list  I wish my gift to be anonymous

### Payment Information

My check is enclosed  Charge my credit card \$ \_\_\_\_\_

I would like to become a Guardian Angel with a monthly gift of: \$ \_\_\_\_\_

CC: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

*Thank you for your support of DignityUSA and its Chapters.*



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