



2008 COMMITMENT OF SUPPORT ADVOCATES 1000 PROGRAM

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 TELEPHONE _____
 E-MAIL _____
 PLEDGE DATE _____

\$1,000 STEWARDSHIP GIFT

- IN TOTAL WITH THIS FORM
- MONTHLY
- QUARTERLY
- \$1,200-\$100 PER MONTH
- MASTERCARD/VISA/AMERICAN EXPRESS

NAME AS IT APPEARS ON CARD _____
 CARD NUMBER _____
 EXPIRATION DATE _____
 IDENTIFICATION # ON SIGNATURE PANEL _____

SIGNATURE _____

