	2024 COMMITMENT CARD
Name:	Please consider a one-time gift of:

Address:	☐ \$50 ☐ \$100 ☐ \$200
City: State: Zip Code:	\$300 Other \$
Preferred Phone:	Gift Payment:
Email:	Check enclosed Cash enclosed



Address:			□ \$50 □ \$100 □ \$200
City:	State:	Zip Code:	□ \$300 □ Other \$
Preferred Phone:			Gift Payment:
Email:			Check enclosed Cash enclosed
			Other

