



2024 COMMITMENT CARD

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please consider a one-time gift of:**  
 \$50  \$100  \$200  
 \$300  Other \$ \_\_\_\_\_  
**Gift Payment:**  
 Check enclosed  Cash enclosed  
 Other \_\_\_\_\_



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