



# 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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