

Affirmation Contribution Form

I would like to help in the support of Affirmation as follows:

- Monthly contribution of \$_____
- By Check_____ By Credit Card_____
- One time contribution of \$_____
- By Check_____ By Credit Card_____

Name _____ Telephone _____ (optional)

Address _____

City, State, ZIP _____

E-mail _____ (optional)

Chapter _____

Payment Method: Check_____ Mastercard_____ Visa_____

Amount \$_____

Card Number: _____ Expiration Date: _____

Authorizing Signature _____

May we acknowledge your contribution in the National Conference program or Affinity? Yes_____ No_____

First name and last initial only please_____

Other (explain)_____

Please send contributions to:

Affirmation
P.O. Box 46022
Los Angeles, CA 90046-0022

Or call or send e-mail for more information to Alan, our National Treasurer:

(503) 244-2526
Alanb1107@aol.com