

Yes, I want to support the CNPC.

_____ Enclosed is my donation of \$_____.

_____ I would like to make a monthly pledge support of \$ _____.

_____ I am interested in becoming a volunteer.

_____ I will pray regularly for the Center.

Name: _____

Address: _____

Telephone: _____

Please print and complete this form, then mail the form to:

CNPC of Indian River County
P.O. Box 836
Vero Beach, FL. 32961