



Dilworth Center

UNLOCK YOUR RECOVERY



EST 1990

KEYSTONE

Partner

I would like to become a member of Dilworth Center's Keystone Society and deliver help and hope to those seeking recovery through a gift of:

- HOPE:** \$1,000
- COURAGE:** \$2,500
- FAITH:** \$5,000
- MIRACLES:** \$10,000

Please know that the Dilworth Center greatly appreciates your gift in any amount.

Payment:

- My check is enclosed, made payable to the Dilworth Center.
- Please charge my VISA/MC/AM EX# _____ Exp. ____ CVV: ____
Name as it appears on your credit card: _____
- My employer will match my gift. Name of Employer: _____
- Please remind me in the month of: _____

Name: _____

Cell Phone: _____

Address: _____

Business Phone: _____

City, State, Zip _____

Home Phone: _____

Email: _____

Signature: _____

Date _____

Please complete and email this form to Cynthia@Dilworthcenter.org