



**Dilworth Center**

UNLOCK YOUR RECOVERY



**I would like to become a member of Dilworth Center's Keystone Society and deliver help and hope to those seeking recovery. My intent is to give on an annual basis for the next 5 years as follows.**

- HOPE:** \$1,000 per year for 5 years.
- COURAGE:** \$2,500 per year for 5 years.
- FAITH:** \$5,000 per year for 5 years.
- MIRACLES:** \$10,000 per year for 5 years.

*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](mailto:Cynthia@Dilworthcenter.org)