



## BE A PART OF THE AFFIRMATION VISION!

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone \_\_\_\_\_

- I want to be more involved in the vision of Affirmation, nationally or locally
- I am interested in connecting with like-minded people in my area.
- I do /  I don't have Internet access
- I would like to receive communication by email

- I want to join Affirmation! \_\_\_\_\_  
Annual membership \$25.00 (\$10.00 Low Income)
- I pledge \$ \_\_\_\_\_ paid in  monthly  quarterly  
 a one time payment of \_\_\_\_\_ each.
- Check enclosed
- Visa  Mastercard Expiration: \_\_\_\_\_
- Card number \_\_\_\_\_
- Signature \_\_\_\_\_

- I want a  call /  email about major gifts
- I will pray for Affirmation

Send to: Affirmation, PO Box 1021, Evanston, IL 60204, or donate via the web at [www.umaffirm.org](http://www.umaffirm.org).

Contact us at [umaffirmation@yahoo.com](mailto:umaffirmation@yahoo.com)