



Delmarva Clergy United
in Social Action, Inc.

Donation Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Donation Information

I (we) donate a total of \$ _____ to be paid:
____ now ____ monthly ____ quarterly ____ yearly.

I (we) want to make this contribution in the form of:
____ cash ____ check ____ credit card ____ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Delmarva Clergy United In Social Action, Inc.

13726 South Old State Road
Ellendale, DE 19941