

# DIRECT SUPPORT PROGRAM

## Response Form

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### IMMEDIATE CONTRIBUTION:

Please accept our contribution in the amount of

\_\_ \$50                      \_\_ \$75                      \_\_ \$100                      \_\_ other \_\_\_\_\_

>>OR<<

### GIFT OF TRIBUTE:

Please accept our contribution in the amount of \$ \_\_\_\_\_ as a Gift of Tribute:

In honor of (person's name) \_\_\_\_\_

To commemorate (special occasion) \_\_\_\_\_

Please send Tribute Certificate to (name and address)

\_\_\_\_\_  
\_\_\_\_\_

>>OR<<

### PLEDGE FOR FUTURE CONTRIBUTION:

We pledge a contribution in the amount of \$ \_\_\_\_\_ and request to be billed in the month of \_\_\_\_\_.

*Please return this form (with contribution if applicable) to CLC's payment box or mail to:*

*CLC*

*17930 Bowie Mill Rd.*

*Derwood MD 20855*