

## Donation and Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Donation (please check one or more):

My gift of \$\_\_\_\_\_ is for use at your discretion

My gift of \$\_\_\_\_\_ is for a particular DYSL program

I wish to become a member of the Society for a \$5 annual membership \_\_\_\_\_

A tax receipt for donations of \$20 or more will be sent to the name and address above. Donations can also be made by payroll deductions through the United Way #431140.  
Charity #877345108RR0001

Thank you for your donation!