

Friends of the Iona Community

(Check one)

_____ I (We) wish to enroll as a friend of the Iona Community

_____ I (We) wish to continue as a friend of the Iona Community

Enclosed is my check for \$ _____

The Community hopes for a donation of \$65 per year from individuals, \$100 from couples and \$25 per year from Senior Citizens and Students.

Name (Please print) _____

Address _____ City _____

State _____ Zip _____

Telephone _____ / _____

EmailAddress _____

Please make payment to: "The Iona Community New World Foundation" and return to NWF Treasurer C/O Kirkridge 2495 Fox Gap Rd, Bangor PA18013.

Please complete and detach the receipt below for your IRS records.

Receipt for Your Records

I (we) gave \$ _____ for Commitment to the Iona Community New World Foundation.

Name: _____

Date: _____

No goods or services were provided to the donor in connection with this gift; and benefits consisted entirely of intangible religious beliefs