

Iona Community Associates Enrollment Form

I (we) _____ hereby enroll as an Associate of the Iona Community and make my (our) commitment to the Rule of Associates of the Iona Community in token where of I (we) enclose my (our) annual donation.

Amount Enclosed:
Individual: \$90 _____
Couple: \$135 _____
Senior Citizen or Student: \$25 _____

Please make payment to: "The Iona Community New World Foundation" and return to

**NWF Treasurer C/O
Kirkridge Retreat and Study Center
2495 Fox Gap Rd,
Bangor, PA 18013.**

Please provide the following contact information below:

Name: _____
Address: _____

Phone: _____
E-mail: _____

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

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