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Please process my donation on the ___ 1st **OR** ___ 10th **OR** ___ 15th **OR** ___ 20th of the month

Please apply my donation to:

\$ ___ General/All Programs \$ ___ Health Center \$ ___ Food & Clothing Pantry

\$ ___ English Classes \$ ___ Youth Basketball \$ ___ Young Governors

\$ ___ Cub Scouts

\$ ___ TOTAL GIFT AMOUNT (required)

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.newlifecdc.us or by contacting New Life CDC by phone or mail. All donations provided to New Life CDC originating as ACH transactions comply with U.S. Law.

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KEEP THIS PORTION FOR YOUR RECORDS

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