



I WOULD LIKE TO HELP SUSTAIN THE MISSION OF DVUSA!

Please fill out the form completely and return to:

Dominican Volunteers USA
PO Box 891121
Chicago, IL 60608

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Monthly Contribution:

Please check one

\$100__ \$50__ \$25__ \$10__ Other (please specify) _____

Method of Payment:

Please check one

**Checking
Account**

*Please attach a voided
check*

Bank: _____

Account No.: _____

Routing No: _____

Credit/Debit Card Card Type: _____

Card No: _____

Exp. Date: _____

Signature: _____

Date: _____