

CCN North America

Community of the Cross of Nails

<http://www.crossofnails-na.org/>

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone _____

Church Affiliation _____

My/our annual dues of \$ _____ for the year 20__ are enclosed.

- Student \$15
- Individual \$50
- Sponsor \$100
- Patron \$500
- Sustainer Sponsor or Parish Contribution..... \$1,000

I/we pledge an additional \$ _____ to be paid (select one)

monthly quarterly annually.

Please contact me.

I have remembered the Community of the Cross of Nails, Inc. in my will.

Mailing Address:

CCN-North America
Church of the Good Shepherd
211 Franklin Rd
Lookout Mountain TN 37350

“The Community of the Cross of Nails, Inc.” is a non-profit, religious corporation under the Laws of the State of Georgia and is tax exempt under Sec. 501(c)(3) of the IRC. Donors are, therefore, entitled to deduct their contributions under Sec. 170(a) of the IRC.