

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

Name		
Address		
City	State	Zip
Email		
Telephone		
Church Affiliation		
Memberships are annu	ıal and tax deducti	ble.
My/our annual dues of \$	for the year 20_	are enclosed.
□ Student\$15		
□ Individual \$50		
☐ Sponsor \$100		
□ Patron \$500		
☐ Churches or Institutions \$500		
☐ Sustainer Sponsor\$1,000		
☐ Benefactor: \$5,000		
□ Life Membership: \$10,000		
Please consider making a donation to su	upport our intern a	t Coventry Cathedral
I/we pledge an additional \$	to be paid (select o	one)
\square monthly \square quarterly \square annually		
☐ Please contact me.		
☐ I have remembered the Community	of the Cross of Nai	ls, Inc. in my will.
Mailing Address		
CCN-North America		
Church of the Good Shepherd		
211 Franklin Rd Lookout Mountain, TN 37350		
or email this completed form to sandra@gs	slookout.com	

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