

CONSD Donation Form

Your Name(s) _____ Phone _____

Address _____ City _____

State _____ Zip(+4) _____ E-Mail _____

Addr _____

Prayer Group or Parish _____ Pledge Amount \$ _____ circle one
annually one-time gift monthly quarterly

No credit cards accepted. Please make checks payable to "CONSD"

Mail to: CONSD 908 Via Linda Escondido, California 92029