

	Enclosed is my/our check in the amount of \$		Please designate as follows:							
\$	Donation Leve	July 1, 2025 - Ju	•							
	BASIC, SUPP	ORTING, SUSTAINING, S	PONSOR, LIFET	IME (ci	ircle level please)					
Additional D	onation to Supp	ort Designated Programs	S							
\$	Seminary Student Scholarship Fund Donation									
\$	Health Care Subsidy Fund Donation									
\$		e specify:								
Mv/our	additional specia	al gift is: In Memory Of:								
,.	<u> </u>	In Honor Of:								
Member Info	rmation: (please	e fill this out so we can ke	eep accurate red	cords)						
	٠.		•	•						
Address:										
				State:	Zip:					
					<del></del>					
Make check of	out to:	RCA								

## **Donation Levels**

Mail check and form to:

RCA \* 9328 Elk Grove Blvd. #105-141 \* Elk Grove, CA \* 95624

LEVEL	INDIVIDUAL	COUPLE	BENEFIT
BASIC: Sing all Sing lustily and with good courage	\$25	\$40	
SUPPORTING: Scripture, Tradition, Reason, and Experience	\$60	\$75	25% discount ACS Luncheon
SUSTAINING: Give all you can In all ways you can	\$100	\$150	50% discount ACS Luncheon
SPONSOR: Hearts Strangely Warmed	\$250	\$350	ACS Luncheon Included for Current Year
LIFETIME: Going on to Perfection	\$1000	\$1500	ACS Luncheon for Life

For Office Use Only:	CV#	\$	Date	DB1	DB2	Rcpt
101 Office ase Offig:	CN#	Ψ 1	Jaic	$\nu \nu$	DDZ	KCPL