



Enclosed is my/our check in the amount of \$_____ Please designate as follows:

\$_____

Donation Level

July 1, 2026 - June 30, 2027

☐ **Individual** ☐ **Couple**

BASIC, SUPPORTING, SUSTAINING, SPONSOR (circle level please)

Additional Donation to Support Designated Programs

\$_____

Seminary Student Memorial Scholarship Fund Donation

\$_____

Health Care Subsidy Fund Donation

\$_____

Other - *Please specify:* _____

My/our **additional** donation is: In Memory Of: _____

In Honor Of: _____

Member Information: (please fill this out so we can keep accurate records)

Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ (For Receipt)

Make check out to:

RCA

Mail check and form to:

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

Donation Levels

LEVEL	INDIVIDUAL	COUPLE
BASIC: <i>Sing all... Sing lustily and with good courage</i>	\$25	\$40
SUPPORTING: <i>Scripture, Tradition, Reason, and Experience</i>	\$60	\$75
SUSTAINING: <i>Give all you can... In all ways you can</i>	\$100	\$150
SPONSOR: <i>Hearts Strangely Warmed</i>	\$250	\$350

For Office Use Only: CK#_____ Date_____ \$_____ DB_____ QB_____ RCT_____