

Congregation Gates of Heaven Sisterhood 2016 Appeal

- YES! I would like to be contacted about becoming involved in Sisterhood.
- YES! I will support [new name]/Sisterhood with my contribution of:
- \$40 Annual dues 2016-2017
- \$_____ Donor/Additional contribution
- \$_____ Total
- My check is enclosed
- Please bill my credit card Mastercard Visa *(Note: a 3% fee for the use of credit cards)*
- Card Number _____ Expiration _____
- Name _____ Phone _____
- Address _____ Email _____

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