

Friends of the Iona Community

(Check one)

I (We) wish to enroll as a friend of the Iona Community

I (We) wish to continue as a friend of the Iona Community

Enclosed is my check for \$ _____

The Community hopes for a donation of \$65 per year from individuals and \$25 per year from Senior Citizens and Students.

Name (Please print) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ / _____ Email Address _____

Please make payment to: "The Iona Community New World Foundation" and return to
NWF Treasurer C/O Kirkridge 2495 Fox Gap Rd, Bangor PA18013. You will be sent a receipt for your IRS records.