

## Iona Community Associates Enrollment Form

I (we) \_\_\_\_\_ hereby enroll as an Associate of the Iona Community and make my (our) commitment to the Rule of Associates of the Iona Community in token where of I (we) enclose my (our) annual donation.

Amount Enclosed:  
Individual: \$90 \_\_\_\_\_  
Couple: \$135 \_\_\_\_\_  
Senior Citizen or Student: \$25 \_\_\_\_\_

*Please make payment to: "The Iona Community New World Foundation" and return to*

**NWF Treasurer C/O  
Kirkridge Retreat and Study Center  
2495 Fox Gap Rd,  
Bangor, PA 18013.**

Please provide the following contact information below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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### Receipt for Your Records

I (we) gave \$ \_\_\_\_\_ for Commitment to the Iona Community New World Foundation.

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

*No goods or services were provided to the donor in connection with this gift; and benefits consisted entirely of intangible religious beliefs*

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