

Yes, I would like to support the programs and mission of Dove, Inc.!



I/We would like to make a donation of \$_____.

Please bill us \$_____ one time_____

one fourth each quarter_____

this amount annually_____

Billing Address:

Name

Street

City

State

Zip

Optional: I/We would like to designate one or more of the following programs to benefit from our gift:

_____ Domestic Violence Program

_____ Macon County _____ DeWitt County _____ Shelby County _____ Moultrie County

_____ RSVP

_____ Macon County _____ DeWitt County

_____ Community Services

_____ Homeward Bound

_____ MAX

_____ DAX

_____ Children's Clothing Room

_____ BABES

_____ Diversity Programs