

THE GUILD FOR DOROTHY DAY MEMBERSHIP FORM

I would like to become a member of The Guild for Dorothy Day:

Name:

Address:

City State Zip

Telephone:

Email:

I would like to support the work of The Guild for Dorothy Day.

Enclosed, please find my Annual Membership Dues.

Suggested Offering:

Student \$15 Individual \$25 Family \$40 Organizations \$100

Additional Donation \$ _____

Dues are used to provide bi-annual newsletters and to underwrite expenses of the canonization process.

10% of your contribution will be used to serve the needs of the poor.

Please enclose check or money order made payable to The Guild for Dorothy Day and mail to:

Dorothy Day Guild
1011 First Avenue, 12th Floor
New York, NY 10022