

## CHALICE LIGHTER DONOR ENROLLMENT FORM



Name \_\_\_\_\_ Society \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

I/We wish to support extension work in the NH/VT District by becoming a member(s) of the Chalice Lighter Program. I/We pledge to contribute \$15 or more, twice a year.

Signature \_\_\_\_\_

**Mail to:**

**Chalice Lighter Program, c/o NH/VT District Office, 41-A South State St., Concord, NH 03301**