

CAMP GALIL

HABONIM DROR



Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

I plan to join the campaign by giving \$___ per day for the next three years.

I would like to pay by (choose one):

- Pay the total amount at once
- Pay for the first year now and be billed in future years
- Pay for the first month now and be billed in future months
- Other: _____

Please send your payment to:

Campaign for Galil
PO Box 1245
Newtown, PA 18940

Thank you for being part of this important initiative!