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I'd like to sustain the study center's work with an ongoing contribution of:

- \$10 \$20 \$50 \$100 \$_____ Other
- Monthly (15th) Quarterly (1/15, 4/15, 7/15, 10/15) Semi-annually (4/15, 10/15)

Name _____ Signature _____

Phone _____ Email _____ Date _____

BCBS is authorized to initiate payment from my (check one)

MasterCard Visa Card# _____ Exp. _____
— OR —

Checking Account. *Please enclose a voided check from the account you wish us to debit.*

You may **increase, decrease, or cancel** your monthly pledge at any time by contacting us at (978) 355-2347 or at bcbs@dharma.org. BCBS is a 501(c)(3) non-profit organization.