THE HOLY SOCKS GANG

DATE:		
Name:		
Company/Organization:		
Phone:	Address:	Apt:
		Zip:
Email:		Please add me to the email list
CREDIT CARD AUTHORI Credit Card Type (pleas	ZATION e check one) □ Amex □ VISA □ I	Mastercard 🔲 Discover
Card Billing Address(If	same as above, leave blank):	
City:	State:	Zip:
Phone No. of Cardholde	er:	
Card No.:	Exp. Date: _	CID or Security Code:
l hereby authorize The I card. Monthly 		ving amount \$ to my credit
Signature:		Date:
CHECK Please make all checks to the address listed be		on" and kindly mail with the attached form
OPTIONAL DEDICATION		emory of
Please send acknow	ledgment of dedication to (name/ad	dress required):
Name:		
Phone:	Address:	Apt:
City	Chata	Zip:

WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!

The Holy Socks Gang is recognized by the IRS as a 501(c)(3) tax-exempt organization. Please consult with your tax adviser regarding the deductibility of your contribution. PO Box 102 Fayetteville, West Virginia. 28450 (401) 864-1485