



DONATION SLIP

Your contribution is tax deductible and we will mail you a receipt.

Make checks payable to:
DIXIE CARE AND SHARE

Amount \$_____ payment: one time semi-annual quarterly monthly

Paying by: Check Cash Discover
 MC Visa American Express

Account # _____ Expires _____ Name on Card _____

Signature _____

Full Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____

Please send gift to:

Dixie Care and Share
131 N 300 W
St George, UT 84770

Thank You!