



www.spsintl.org

Personal Information

Your Name _____

Home Phone _____

Address _____

Work Phone _____

City _____

State _____

Zip _____

Email Address _____

Credit Card Information (I have enclosed a check instead)

Type

MasterCard

Visa

Discover

American Express

Number _____ Expiration Date _____

Name: _____ Signature: _____

Billing Address (if different from above address)

Address _____

Work Phone _____

City _____

State _____

Zip _____

Email Address _____

This is a monthly contribution for \$ _____ Quarterly contribution for \$ _____

This is an annual special gift for \$ _____ One time special gift \$ _____

Please fax this form to (714)755-5749 or mail to SPS Intl*PO Box 105*Ashland NE 68003

(Any questions please call the SPS office at 714-850-4672. Thanks.)