



COSD Pledge Form
Our Circle of *Compassionate Benefactors*



Name(s) _____ Phone _____

Address _____ City _____

State _____ Zip (+4) _____ E-Mail Address _____

Prayer Group or Parish _____

Total Pledge Amount \$ _____ Paid : { Monthly { Quarterly { Annually { One-Time Gift Donation

Designated Purpose (optional) _____

Note: Credit Cards No Longer Accepted

Thank You for Your Compassionate Generosity!

Please make checks payable to: *Contemplative Outreach of San Diego (or "COSD")* and send to:
Contemplative Outreach of San Diego • 15420 Olde Highway 80, Space 98 • El Cajon, California • 92021