

# Re-Creation F.O.R-C.E.S.

Friends of Re-Creation Extending Service

## PARTICIPATION INFORMATION:

I (We) will join F.O.R-C.E.S. with Re-Creation in service to hospitalized veterans through my (our) gift of \$5.00 weekly (\$260/year).

I (We) will send my (our) contribution to **Re-Creation F.O.R-C.E.S.** (check one):

ANNUALLY  QUARTERLY  MONTHLY  WEEKLY

OTHER  (please explain) \_\_\_\_\_

My (our) check for \$\_\_\_\_\_ is enclosed.

SIGNED \_\_\_\_\_

NAME (Print) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE (     ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

PRINT AND MAIL TO:

Re-Creation USA, Inc. PO BOX 220 Port Trevorton, PA 17864 or e-mail to [info@re-creationusa.com](mailto:info@re-creationusa.com)