



Yes, I want to help get leaders training to respond well to trauma and severe loss.

Information (Please Print)

Name: _____

Address: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Gift Amount:

- \$5,000 \$100
- \$3,000 \$50
- \$1,500 \$35
- \$500 Other: \$ _____
- 1 Time Monthly Yearly

Payment Method:

- My check is enclosed.
*Please make checks payable to "ICTG"

Please charge my credit card.

Please enter in the following information if you're using a credit card to make your donation.

Credit Card Number:

Expiration Date: ____ / ____ / ____

CVV: _____

Card holder's name:

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Thank you for your compassionate support!

P. O. Box 3498 • Santa Barbara, CA 93130



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