HOPE A VOIC	MONTHL	Y LIFE	LINE PAF	RTNER	To Increase or Renew Your LifeLine Please check the appropriate box below:  Increasing Renewing
	ifeLine Partner		Meeting Name:	Meeting City:	Group Code:  If available)  Meeting Day:  Prov./State:  Cell Phone
> Credit/I	Debit Card Information	on: (Please	e match the info your	pank has on file for this card.	)
1. NAME exactly as it appears on your card:  2. BILLING Address 3. CITY					
	onthly contribution: Ild like to cover the p		ocessing fee of	3.9% (Example: 39	¢ for a \$10.00 LifeLine)
> MONTH your	LifeLine will start:				
> DATE RANGE	your LL is to be proc	essed: A	□ 1 <sup>st</sup> – 10 <sup>th</sup>	B. 11 <sup>th</sup> -20 <sup>th</sup>	C. 21st – End of Month
	. Your LifeLine may be proce	essed at any tim			the month. The same is true if you
☐ 1. E-mail Receipt	IS: Choose one (1) option bell (PREFERRED/Most economical) sent to address provided above. ED: Check if you want to receive	( <u>please provid</u>			

Champion Name: \_\_\_\_\_\_ What is a "Champion?" Champions are SAA members who work to educate others about LifeLine Partners. If

What is a "Champion?" Champions are SAA members who work to educate others about LifeLine Partners. If someone made announcements or spoke to you about enrolling as a LifeLine Partner, she or he is your Champion.