



# The Deer Tribe Metis Medicine Society Rainbow Powers Center

*Yes. I wish to be an active contributor to this dream.*

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

Payment enclosed—check or USD money order

Charge my credit card  
Note: billing address must match at left

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

\$50    \$100    \$250    \$500    \$1,000

other (please indicate amount) \$ \_\_\_\_\_

I am enclosing here the first of 12 installments over the next 12 months for a total contribution of \$ \_\_\_\_\_

*Mail this form with your contribution to:*

DTMMS  
P.O. Box 12397  
Scottsdale, AZ 85267

Or

Make your contribution online at [www.dtmms.org](http://www.dtmms.org)  
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Contributions are tax deductible as provided by law.  
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