

DA-IL Lifetime Angel Member

★ Personal Information

English Name / _____
Korean Name / _____
Cell Telephone / _____
Address / _____
Street

City State Zip

Email / _____

★ Support Amount(✓)

\$_____ / Monthly \$10,000

★ Support Method (✓)

Check / Money Order (pay to / Dail Community of USA)

Auto Pay

Bank Name : _____

Routing No : _____

Account No : _____

Transfer Date ; 5th 25th (✓)

Debit/ Credit Card

Type/ VISA Master American Express Other

Card No/ _____

CVV No/ _____ (3~4 digit security number on the back of the card)

Exp. Date(mm/yy)/ _____

Name on card/ _____

Signature / _____ Date: / / _____

★ Please send this support application form to the Dail community of USA office.

pay to / Dail Community of USA

Address/ Dail community of USA

P.O.BOX 337, Suwanee, GA 30024-0337

(TEL / 770-813-0899, FAX/ 770-813-0133)