

**Widowed Persons Service  
Postage Partner Commitment Form**

Individual/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**Contact Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **1 Month** \$270

\_\_\_\_\_ **2 Months** \$540

\_\_\_\_\_ **3 Months** \$810

\_\_\_\_\_ Other Donation \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

**Make checks payable to:** **WIDOWED PERSONS SERVICE**  
**4211 CLYDE PARK SW – SUITE C, WYOMING, MI 49509**

**Or We Accept Visa/MC:** **Number:** \_\_\_\_\_ **Expiration mo/yr:** \_\_\_\_/\_\_\_\_

*\*Thank you for your donation towards our monthly mailing costs in 2011. Hundreds of widowed men and women look forward to receiving regular communication from WPS on a regular basis, and you are helping keep that communication timely and consistent. We will be happy to recognize your donation in the next issue of our monthly newsletter, on our website and in our annual report.*