DA-IL Angel Member

Personal Information		
English Name_/		
Korean Name_/		
Cell Telephone/		
Adress_/		
Street		
City	State	Zip
Email /		
r Support Amount(√)		
□ \$ / Monthly	□ \$1,000	
r Support Method (√)		
☐ Check / Money Order (p	pay to / Dail Community (of USA)
☐ Auto Pay		
Bank Name :		
Routing No :		
Account No:		
Transfer Date; 🗆 5th	□ 25th (√)	
☐ Debit/ Credit Card		
Type/ □ VISA □ Mas	eter American Express	☐ Other
Card No/		
	(3~4 digit security numb	per on the back of the card)
Exp. Date(mm/yy)/		, 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Name on card/		
Ivallie on cardy		
Signature /	Date:	/ /
		, ,
Please send this support app	olication form to the Dail	community of USA office
pay to / Dail Communit		community of ooth office
Address/ Dail communit		
	Suwanee, GA 30024-033	37
	9. FAX/ 770-813-0133)	