

Date \_\_\_\_\_

**IPDL  
Signature Card  
(Must be Returned)**

**Diocesan Office Use Only  
IPD&L Account #**

\_\_\_\_\_

Parish/School/Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_