

Subscription form for THROUGH THE VEILS

Name: _____ Tel: _____

Address: _____ City: _____ ZIP: _____

E-Mail: _____ Amount \$ _____

Chapter No. _____ Council No. _____

Please make check out to: THROUGH THE VEILS and send to:

Douglas Collins
1215 High Point Ln.
Spring Branch, Tx. 78070

TEL: 956/572-1950
TEL: 830/885-6035
E-Mail: dcdpd2493@aol.com

Subscription Rates **\$10.00 annually**. Lifetime Membership **\$100.00** Contributions of **\$50.00** or more will receive special recognition in the Anniversary issue. Contributions of any amount are greatly appreciated and will help improve the magazine.