

# The Dorothy Day Guild

## EYEWITNESS REFERRAL FORM

Print out, complete, and mail to:  
The Dorothy Day Guild, 1011 First Avenue, Room 787, New York, NY 10022.

Name of Person Submitting Referral

Street Address or P.O. Box

City

State/Province

Zip Code

Country

Phone

E-mail

For Whom Is This Referral?

For myself

For another person

If the referral is for another person, how do you know them? If the referral is for yourself, what was the nature of your relationship with Dorothy Day?

Name of Eyewitness

Street Address or P.O. Box

City

State/Province

Zip Code

Country

Phone

E-mail

Nature of relationship with Dorothy Day:

Special considerations (health, etc.):