

**Sisters of St. Joseph Dear Neighbor Ministries
Donation Form**

Cash or check: Please find my gift of \$_____ (amount) enclosed.

I would like to pledge \$_____ for the next twelve months, to be paid:
 ___Monthly ___Quarterly ___Semi-annually ___Annually

Please charge my gift to my credit card:

 ___Master Card ___Visa ___American Express

Account # _____ Expiration Date _____

Signature _____

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Would you like to be added to our e-newsletter list? _____

Tributes and Memorials

Please make this gift:

 In memory of _____

 In honor of _____

Send acknowledgement to:

 Name _____

 Address _____

 City _____ State _____ Zip _____

Thank you!

***Your tax deductible gift will go directly to support the charitable works of the
Sisters of St. Joseph Dear Neighbor Ministries***