

**OFFICE OF CONGREGATIONAL ADVANCEMENT**



**FRANCISCAN SISTERS OF THE SACRED HEART**

**9201 W. ST. FRANCIS ROAD**

**FRANKFORT, ILLINOIS 60423**

***Mail-in Contribution Form (Credit Card or Check)***

*Please print this form and mail it to the address you see above.*

**Please print:**

Prefix:  Mr.  Mrs.  Ms.  Mr. & Mrs.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Use my Gift as follows:**

Annual Giving Program  
unrestricted giving

Sisters in Formation/Education

Senior Sisters Support

Missionary Sisters in Brazil

Other \_\_\_\_\_

**Donation Amount:**

\$25     \$50     \$100     \$250     \$500     Other \$ \_\_\_\_\_

**Memorial/Tribute/Personalized Gift:**

Plaque (\$1000)     Tree (\$500)     In memory of: \_\_\_\_\_

Bench (\$750)     Paver Stone (\$125)     In honor of: \_\_\_\_\_

Include the following intentions in your prayers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Check Number: \_\_\_\_\_

Credit Card:  Visa     MasterCard     Discover

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ Code on back of card (3 digits): \_\_\_\_\_

Check here if billing information is the same as above.

Billing Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (required for credit card) \_\_\_\_\_

Thank you for building hope and sharing your gifts. The Franciscan Sisters of the Sacred Heart are grateful for your gift for our Sisters and our ministries. A letter and formal receipt will be sent to acknowledge your contribution.

May God bless and keep you,

*Geraldine Guzaitis*

Director of Development