



AUTOMATIC MONTHLY DONATION AUTHORIZATION MAIL-IN FORM

Make monthly, automatic, secure gifts by credit card. Tell us which fund you want to give to, how much, and the details of your credit card. Then, on the 15th of each month we make the charge for you. Your credit card number is encrypted and secure. Along with our thanks, we will send you a detailed receipt for your records. To sign up for automatic credit card donations, either complete this form using Adobe Reader, then print and mail; or print this form, complete and mail to:

Sisters of the Holy Cross
Development Office, 407 Bertrand Hall–Saint Mary’s
Notre Dame, Indiana 46556-5000

DONOR INFORMATION

Name _____
Address _____
City _____ State _____ ZIP _____
Daytime Phone _____ Home Cell Work
Email _____

For donor recognition, please list my name as: _____

I prefer to remain anonymous. Please do not publish my name in your donor lists.

DONATION INFORMATION

PAYMENT INFORMATION

- Check the appropriate box**
- Ministry With the Poor
 - Retirement Needs
 - Unrestricted/Greatest Need
 - Carbon Footprint Reduction
 - Bangladesh Mission
 - Brazil Mission
 - Ghana Mission
 - India Mission
 - Mexico Mission
 - Peru Mission
 - Uganda Mission

Amount of donation \$ _____

Starting: 15th of _____
mm/yyyy

Credit card:

Visa Discover American Express MasterCard

Name on credit card _____

Credit Card #

Expiration date _____

Statement of Authorization:

I authorize the Sisters of the Holy Cross to initiate recurring credit card transactions as indicated. I understand that a record of each gift will be included on my monthly credit card statement. I may change or cancel this recurring payment at any time by notifying the Sisters of the Holy Cross in writing by the 15th of the month in order to alter the next month’s transaction. I agree to abide by all terms and conditions of my credit card agreement.

Signature _____

Date: _____

DO NOT EMAIL THIS FORM PLEASE NOTE: WE NEVER SELL OR TRADE OUR MAILING LISTS.