



DONATION BY MAIL

PRINT THIS FORM, COMPLETE IT AND MAIL WITH YOUR PAYMENT 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 _____

DONATION 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

PAYMENT INFORMATION

For recognition purposes please list my name as:

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 Please do not publish my name in your donor lists.

Amount of donation \$ _____

Check payable to: **Sisters of the Holy Cross**

Visa Discover American Express MasterCard

Name on credit card _____

Credit Card #

Expiration date _____

Signature _____

SPECIAL INTENTIONS:

Please pray for the following special intentions. _____

GREETING AND MESSAGES TO SISTERS:

Please deliver the following message to Sister _____ .

DO NOT EMAIL THIS FORM

PLEASE NOTE: WE NEVER SELL OR TRADE OUR MAILING LISTS