

Sisters of Saint Francis
Rochester, MN

Donation Form - Please type or print.

Your Information – Check one: Mr. Mrs. Ms. Mr. & Mrs. Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Please do not publish my/our name in your annual report.

Indicate donation amount: \$25 \$50 \$100 \$250 \$500 Other: \$ _____

Method of Payment: Check number enclosed: _____ in the amount of \$ _____

– OR –

Credit Card: VISA MasterCard Discover

Account Number: _____ - _____ - _____ - _____

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

If different from above, please indicate the following:

Billing Name: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Please use my gift as follows:

Sisters Care Fund

Ministries of the Sisters of Saint Francis: USA Bogotá

In memory of: _____

In honor of: _____

Please include the following intentions in your prayers: _____

My connection to the Sisters is:

Family Friend CST Alumnae Former Student Other: _____

Additional Comments: _____

The Sisters of Saint Francis are grateful for your gift for our Sisters and our ministry projects. A letter and formal receipt will be sent to acknowledge your contribution. May God bless and keep you.

Please print this form and mail to:

Office of Mission Advancement
Assisi Heights
1001 14th ST NW
Rochester, MN 55901