

I want to be a Franciscan Friend.

I have completed the reverse side of this form.
My personal information is as follows:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Prayer Request _____

Important: Please remember to include your check
with your first month's gift.

Questions?

Please call 507-529-3536 to speak with
the Office of Mission Advancement.

Thank you for partnering with the

Sister of Saint Francis.

www.rochesterfranciscan.org

Franciscan Friends

A Monthly Giving Program

Our Mission

Led by the Holy Spirit to embrace the Gospel life of continual conversion, through prayer, community and service, in the tradition of Francis, Clare and Mother Alfred, we, Rochester Franciscan Sisters and Cojourners, commit ourselves to be a compassionate presence for peace in our world, striving for justice and reverence for all creation.



Sisters of Saint Francis
Rochester, Minnesota

Office of Mission Advancement
1001 14th Street Northwest
Rochester, Minnesota 55901
507-282-7441

Franciscan Friends

A Monthly Giving Program



For those dedicated to partnering with the

Sisters of Saint Francis

Questions and Answers

Q. Who are the Franciscan Friends?

A. They are benefactors of the Sisters of Saint Francis who make a monthly gift to help provide for the Sisters and their ministries.

Q. How does this monthly giving program work?

A. You decide on a monthly gift amount that fits your budget. You authorize your bank (by using the attached form) to transfer this amount from your checking account directly to the Sisters of Saint Francis.

Q. What are the benefits?

A. To our Franciscan Friends, giving is easier and more convenient, with no repetitive checks to write and no envelopes to mail. To the Sisters, your donation goes further by reducing our administrative, postage and paper costs. More of your gift goes directly to the needs and ministries.

Q. Is this donation method safe?

A. YES! In fact one of the largest users of this method of funds transfer is the U.S. Social Security Administration.

Q. What record will I have of my monthly donation?

A. Your monthly checking account will show the donation date and amount. In addition, we will send you a year-end statement with your total contribution.

Q. What if I change my mind?

A. Just call us if you want to change the gift amount, stop your gift, stop the automatic donation transfers, move or change banks. We will need this information five business days in advance of a scheduled donation transfer date.

Q. How is my gift distributed?

A. You may designate your gift to meet the needs of our Franciscan Ministries Fund, our Retired Sisters Fund or our programs and current needs. The designations are listed on the attached gift authorization form.

Q. How do I sign up?

A. Simply complete the attached authorization form and return in the enclosed envelope. For the process to begin we will need a check for your first month's donation. It's that simple! We'll take care of the rest!

Please retain this for your personal records:

I authorize my bank to transfer the amount indicated below to assist the Sisters of Saint Francis of Rochester, Minnesota, each month. Should I wish to change or stop my automatic deductions, I will call the Office of Mission Advancement at 507-529-3536. My regular bank statement will serve as my receipt for these monthly gifts. *I will also receive a year-end statement from the Office of Mission Advancement with the total of my contributions.*

Monthly Gift _____ Date _____

It's easy to begin

1. Please transfer my monthly gift from my checking account. I have enclosed a check made payable to the Sisters of Saint Francis for my first month's contribution. The monthly giving program will then deduct a monthly contribution from my checking account on the 15th of each month.

Signature _____

Date _____

2. Indicate the desired *monthly* gift amount below.

☐ \$10 ☐ \$20 ☐ \$25 ☐ \$50 ☐ \$75

Other (\$10 minimum) _____

Use my gift as follows:

- ☐ Sisters Care Fund
- ☐ Franciscan Ministries Fund – USA
- ☐ Franciscan Ministries Fund – Bogota'

In Honor of _____

In Memory of _____

3. Please complete the personal information on the reverse side of this form and return.

Don't forget to include your check with your first month's contribution.