

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Please do not publish my/our name in your annual report.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

Assisi Heights Spirituality Center

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