

*Sisters of Saint Francis*  
*Rochester, MN*

Donation Form

**Please type or print:**

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:

Greatest Need

Ministries of the *Sisters of Saint Francis*: \_\_USA \_\_Bogotá

Retirement Fund

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:**

Mission Advancement

Assisi Heights

1001 14th St. NW

Rochester, MN 55901