



# SISTERS OF CHARITY

*of Our Lady, Mother of the Church*

We are Sisters of Charity of Our Lady Mother of the Church. In a spirit of simplicity and in imitation of Mary, we live a life rooted in the Gospel and expressed by prayer, charity, self-denial, and loving submission. As true daughters of the Church, we devote ourselves to lives of charity in loving service to others.

By your prayers and gift of whatever size, you provide the resources for us to continue our mission of educating our young people, caring for the sick and aging, reaching out to the poor, providing the spiritual and professional formation of our young Sisters, and, very important, caring for our own dear infirmed and retired Sisters.

Your concern enables us to be active instruments of God's love, healing and consolation in the lives of the many people we serve daily in our ministries. We are truly grateful for your goodness. May our good and gracious God bless you abundantly for being an encouraging expression of His goodness to us and to others.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to make a \_\_\_\_\_ Donation \_\_\_\_\_ Memorial Gift \_\_\_\_\_ Honor Gift \_\_\_\_\_ Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

I'd like to make a: \_\_\_\_\_ One-Time \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly\*\* \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Annual Gift

On the \_\_\_\_\_ 5<sup>th</sup> of the month \_\_\_\_\_ 15<sup>th</sup> of the month \_\_\_\_\_ 25<sup>th</sup> of the month

To start on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

**\*\*Please choose two dates for Semi-Monthly gifts. Note the total gift amount specified will be debited on each date selected.**

Please apply my gift to:

\_\_\_\_\_ Area of greatest need \_\_\_\_\_ Care of our elder Sisters \_\_\_\_\_ Education of our young Sisters

Gift Amount: \_\_\_\_\_ \$20 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500

\_\_\_\_\_ Other Amount (\$5.00 minimum donation)

**\_\_\_\_\_ YES! Please add 3% to my Credit Card donation to help offset the Convenience Fees so that more of my donation goes to help those in need.**

<b>For Office Use only:</b>	\$ _____	<b>Processing Fee Amount (3% for Credit Card gifts)</b>
	\$ _____	<b>Total Gift Amount (Amount specified above + Processing Fee Amount)</b>

\_\_\_\_\_ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

OR

\_\_\_\_\_ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Account: \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.sistersofcharity.com](http://www.sistersofcharity.com) or by contacting Sisters of Charity by phone or mail. All donations provided to Sisters of Charity comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Required)

*Please make a copy of this form for your records, or you may request a copy from the Sisters of Charity.*