



SISTERS OF THE
HOLY FAMILY OF
NAZARETH - USA, INC.

Mail-In Donation Form

All donations help us continue our mission of ministering to families while also providing for the care of our elder and infirm Sisters. Every donation is truly appreciated! After printing this form, please complete the sections relating to the type of donation you wish to make, then mail the completed form with your cash, check, or completed credit card information to the address listed below.

Enclosed is my gift of: ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$25 ☐ \$_____ Other Amount

This gift is a: ☐ One-Time Donation ☐ Monthly Recurring Donation ☐ Quarterly Recurring Donation

Donation Type: ☐ Cash (Enclosed) ☐ Check* (Enclosed) ☐ Credit (Card Information Below)

Please make all checks or money orders payable to **Sisters of the Holy Family of Nazareth — USA, Inc.*

Mail to: Sisters of the Holy Family of Nazareth — USA, Inc., 310 N. River Rd, Des Plaines, IL 60016

Card Information	Billing Information
Card Number: _____	Name: _____
Expiration: _____ CSV: _____	Address: _____
Signature: _____	City: _____ State: _____ Zip: _____
<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	Phone: _____

I wish to make my gift: ☐ in honor of, or ☐ in memory of: _____

Please send acknowledgement of my honor or memorial gift to:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

- ☐ Please charge my credit card each month. I have provided my credit card information for my monthly donations.
- ☐ Please transfer my monthly gift from my checking account using the automatic payment plan. I've enclosed a check for my first monthly gift.
- ☐ I prefer to send my monthly gifts via cash, check, or credit card using monthly reminder envelopes. Please send me monthly donation envelopes.

I authorize my bank or credit card company to transfer the amount indicated on this form from my account on a monthly basis. I understand that a record of each donation will be included on my year-end summary.

Signature (Required): _____ Date: _____

You may change or suspend your donation at any time by contacting the National Development Office at (847) 298-6760, ext. 137, or via mail at 310 N. River Road, Des Plaines, IL 60016. All donations provided to the Sisters of the Holy Family of Nazareth — USA, Inc. originating as ACH transactions comply with U.S. law. ACH transactions are processed on the 3rd or 18th of the month.

Gifts made to the Sisters of the Holy Family of Nazareth — USA, Inc. are tax-deductible as provided by law.
Please keep a copy of this form for your records.