



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

# Mail-In Donation Form

## DONOR INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth:     /     /

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

Phone: \_\_\_\_\_  Home  Cell Email: \_\_\_\_\_

## DONATION

**Enclosed is my gift of:**

\$250  \$100  \$50  \$25  \$ \_\_\_\_\_ Other Amount

**This gift is a:**

One-Time Donation  Monthly Recurring Donation  Quarterly Recurring Donation

Cash  Check  Credit Card

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 60016-1211**

**Please use my gift as follows:**

- Current Appeal
- Prayer Request
- Retirement / Elderly Sisters
- Memorial
- Unrestricted

**Prayer Request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CREDIT CARD INFORMATION

Visa  Mastercard  AmEx  Discover

Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration:     /     /

Signature: \_\_\_\_\_

Yes, I will gladly add to my donation a 3% charge to offset my credit card processing fees.

## BILLING INFORMATION

Billing address same as listed above  Please use address below for billing

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I wish to make my gift:  In honor of, or  In memory of

*Please send acknowledgement of my gift to:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

You may change or suspend your donation at any time by contacting our **National Development Office** at: **310 N. River Road, Des Plaines, IL 60016**, or via phone at **(847) 298-6760, ext. 137**.

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 3<sup>rd</sup>, 10<sup>th</sup>, 18<sup>th</sup>, or 25<sup>th</sup> of the month.

**Gifts made to the Sisters of the Holy Family of Nazareth – USA, Inc., a registered 501(c)(3) organization, are tax-deductible as provided by law. Please keep a copy of this form for your records. EIN: 20-5728349.**

## MONTHLY DONATIONS

- 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