



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 that relate to the type of donation you wish to make. Then send the form with your cash, check, or the form alone if you are donating through your credit card, to the address listed below.

Enclosed is my gift of: \$500 \$250 \$100 \$50 \$25 Other \$ _____

This gift is a: One-time donation Monthly recurring donation Quarterly recurring donation

Enclosed is my check payable to: **Sisters of the Holy Family of Nazareth - USA, Inc.**

I prefer to charge my gift to: MasterCard VISA AmEx Discover

Account No. _____ Exp. Date _____ Sec. Code _____

Signature _____ Date Signed _____

Name _____ Address _____

City _____ State _____ Zip _____ Birthday _____

Phone _____ Email _____

If making a recurring donation, please complete the section below.

Please charge my credit card each month. I have provided my credit card information for my monthly donations below.

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

Name (signature required) _____ Date Signed _____

You may change or suspend your donation anytime by contacting Katherine Barth, 847-298-6760, x143, kbarth@nazarethcsfn.org, or 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 process on the 3rd or 18th of the month.

I prefer to send my monthly gifts (check, cash or credit card) using the monthly reminder envelopes. Please send me monthly donation envelopes.

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

Please send acknowledgement of my honor/memorial gift to:

Name: _____

Address: _____

Please use my donation for: _____

Make your check payable to Sisters of the Holy Family of Nazareth USA, Inc. and send to:

Sisters of the Holy Family of Nazareth Development Office, 310 N. River Road, Des Plaines, IL 60016

Please make a copy of this form for your records. If you would like us to send you a copy, check here:

Gifts made to the Sisters of the Holy Family of Nazareth - USA, Inc. are tax-deductible as provided by law.