



Dominican Sisters of Sparkill

Women making a difference

CONTACT

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

I/We would like my/our name(s) to be included on the Dominican Sisters mailing list and to be contacted by Dominican Sisters.

GIFT INFORMATION

I would like to make a Donation
 Anonymous Donation
 Memorial Gift
 Honor Gift

As a
 One-Time Gift
 Monthly Gift
 Quarterly Gift

In Memory/Honor of: _____

On the
 1st of the month
 15th of the month

Please process my first gift on
 ____/____/____
 (mm/dd/yyyy)


Please apply my gift as follows:
 \$____ Greatest Need
 \$____ Golf
 \$____ Sparks of Light
 \$____ Mission in Pakistan
 \$____ Retirement Needs
 \$____ Various Ministries of the Sisters
 \$____ Haiti Fund
 \$____ Book
 \$____ Total Gift

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. **OR**
****For One-Time Checking Account donations, please include a completed check with your donation form.**

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



Credit Card Number _____ 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 at any time through the online donation form at www.sparkill.org or by contacting Dominican Sisters of Sparkill by phone or mail. All donations provided to Dominican Sisters of Sparkill comply with U.S. Law.

Signature (Required) _____

Date _____