

Donation Form



Your donation to Marian Woods enables us to fulfill our mission of providing a loving home to retired women religious, so that they may experience quality of care and quality of life through a holistic and simple lifestyle.

CONTACT

Name(s) _____
Company _____ Title/Position _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____ Email _____

GIFT INFORMATION

I'd like to make a Donation Memorial Gift Honor Gift
In Memory/Honor of: _____
All donations will be applied to our General Giving Fund.

Please select the type of donation you wish to make:
 Single\One-Time Gift Monthly Gift Quarterly Gift

Process my gift on the: 1st 5th 10th 15th 20th 25th of the month


Start Giving On: ____/____/____ (mm/dd/yyyy)

In the amount of: ____ \$250.00 ____ \$100.00 ____ \$50.00 ____ \$25.00 \$ ____ Other

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. 

Card Number _____ Expiration Date ____/____

Yes! Please add the 3% Processing Fee assessed to Marian Woods, Inc for me.

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.marianwoods.org or by contacting Marian Woods, Inc by phone or mail. All donations provided to Marian Woods, Inc comply with U.S. Law.

For Office Use Only

\$ _____ Processing Fee Amount (3% amount for Credit Card gifts or \$3% amount Checking Account gifts)

\$ _____ Total Donation Amount (required)
(Donation Amount specified above + Processing Fee Amount)

Signature (Required) _____ Date _____