



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
In Memory/Honor of: _____
In the amount of: ___\$50 ___\$100 ___\$250 ___\$500 ___\$1000 \$_____ Other Amount
As a
☐ One-Time Gift
☐ Monthly Gift
☐ Quarterly Gift
☐ Annual Gift
On the
☐ 1st of the month
☐ 15th of the month
Please apply my gift to:
____ Greatest Need
____ Audio-Visual Upgrade
____ Cycling for Peace
____ Golf
____ Haiti Fund
____ Handbag Bingo
____ Pakistan Mission
____ Retirement Needs
____ Sparks of Light
____ Various Ministries of the Sisters
____ Other
Please process my first gift on
____/____/____
(mm/dd/yyyy)

If you would like us to send notification of this gift, please provide name, address, and email address to whom we should send it to: _____

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 _____