

SUSTAINER GIVING FORM



We invite you to share in our ministry of Mercy. When you support the Sisters of Mercy, CCASA Community prayerfully and financially, you are helping to address human needs in eight (8) countries of Latin America and the Caribbean. Sisters and Associates in Mercy respond to issues of poverty, health and human development in a variety of health care, educational, social services and pastoral settings, with a special emphasis on improving the lives of women and children. The eight (8) countries we serve in are Argentina, Belize, Chile, Guatemala, Guyana, Honduras, Panama and Peru.

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____

I'd like to make a _____ Donation _____ Memorial Gift _____ Honor Gift _____ Anonymous Donation
In Memory/Honor of: _____

As a _____ One-Time _____ Monthly _____ Quarterly _____ Annual Gift
On the _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month
Donation Amount \$ _____ (minimum \$5.00)

Please apply my gift to: _____ Needs of the Sisters _____ CCASA
_____ Argentina Ministries _____ Belize Ministries _____ Chile Ministries _____ Guatemala Ministries
_____ Guyana Ministries _____ Honduras Ministries _____ Panama Ministries _____ Peru Ministries
_____ Other (Please specify): _____

Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

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

VISA MasterCard DISCOVER 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.sistersofmercy.org/ccasa or by contacting Sisters of Mercy of the Americas, CCASA Community, Inc. by phone or mail. All donations provided to Sisters of Mercy of the Americas, CCASA Community, Inc. originating as ACH transactions comply with U.S. Law.

Signature _____ Date _____
(Required)

KEEP THIS PORTION FOR YOUR RECORDS

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