

# SUSTAINER GIVING FORM – SVDP – St. Agnes



Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ I'd like to make a Monthly Donation.

On the \_\_\_1<sup>st</sup> \_\_\_5<sup>th</sup> \_\_\_10<sup>th</sup> \_\_\_15<sup>th</sup> \_\_\_20<sup>th</sup> \_\_\_25<sup>th</sup> of the month

Please start my recurring donation: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

In the amount of: \_\_\_\$15 \_\_\_\$30 \_\_\_\$45 \_\_\_\$100 \$\_\_\_\_\_ Other Amount (\$5.00 minimum)

Please make this a \_\_\_ Donation \_\_\_ Memorial Gift \_\_\_ Honor Gift \_\_\_ Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

Donation Type: \_\_\_ Checking Account (please include a voided check) OR \_\_\_ Credit Card

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_



Comments: \_\_\_\_\_

\_\_\_\_ I'd like to make a One-Time Donation.

In the amount of: \_\_\_\$15 \_\_\_\$30 \_\_\_\$45 \_\_\_\$100 \$\_\_\_\_\_ Other Amount (\$5.00 minimum)

Please make this a \_\_\_ Donation \_\_\_ Memorial Gift \_\_\_ Honor Gift \_\_\_ Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

Donation Type: \_\_\_ Checking Account\*\* OR \_\_\_ Credit Card

\*\*For One-Time Checking Account donations, please include a completed check with your donation form.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_



Comments: \_\_\_\_\_

\_\_\_\_ Yes! I wish 100% of my donation amount to go to SVDP – St. Agnes. I would like to pay the 3% processing fee associated with my donation. (Please enter amount below)

Please add \$ \_\_\_\_\_ (3% for all donations)

Total Donation Amount: \$ \_\_\_\_\_ (required)

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.svdpspringfield.org](http://www.svdpspringfield.org) or by contacting SVDP – St. Agnes by phone or mail. All donations provided to SVDP – St. Agnes comply with U.S. laws and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Please make a copy of this form for your records or you can request a copy from

SVDP – St. Agnes

533 S. Jefferson Ave • Springfield, MO 65806 • (417) 831-3565 • [www.svdpspringfield.org](http://www.svdpspringfield.org) • [info@svdpspringfield.org](mailto:info@svdpspringfield.org)