



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

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

- 1<sup>st</sup> of the month
- 15<sup>th</sup> of the month

Please process my first gift on

\_\_\_/\_\_\_/\_\_\_  
(mm/dd/yyyy)

Please apply my gift to:

- \_\_\_ Greatest Need
- \_\_\_ Golf
- \_\_\_ Sparks of Light
- \_\_\_ Cycling for Peace
- \_\_\_ Pakistan Mission
- \_\_\_ Retirement Needs
- \_\_\_ Various Ministries of the Sisters
- \_\_\_ Haiti Fund
- \_\_\_ Other

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

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](http://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 \_\_\_\_\_

PAYMENT INFORMATION