



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


<b>As a</b> <input type="checkbox"/> One-Time Gift <input type="checkbox"/> Monthly Gift <input type="checkbox"/> Quarterly Gift <input type="checkbox"/> Annual Gift	<b>On the</b> <input type="checkbox"/> 1 <sup>st</sup> of the month <input type="checkbox"/> 15 <sup>th</sup> of the month  <b>Please process my first gift on</b> ___/___/___ (mm/dd/yyyy)	<b>Please apply my gift to:</b> ___ Greatest Need ___ Golf ___ Sparks of Light ___ Cycling for Peace ___ Pakistan Mission ___ Retirement Needs ___ Various Ministries of the Sisters ___ Haiti Fund ___ Other
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If you would like us to send notification of this gift, please provide name, address, and email address to whom we 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](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 \_\_\_\_\_