

DONATION FORM

I want to be a part of the work of the Sisters of Saint Joseph through my gift to:

- Support Ministries
- Care for Retired Sisters
- Gift is in Memory/Honor of:
Name _____

Thank you for your generosity!

Your gift is tax-deductible.

- I have remembered the Sisters of Saint Joseph in my will



Artist: Sister Magdalen La Row, SSJ

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

I am enclosing \$ _____

Cash Check Visa/MC # _____

Expiration Date _____

Signature _____



I prefer to connect with the Congregation via:

- Blessings (SSJ publication)
- e-Blessings (monthly e-mail) My e-mail address is:

ALL

Thank you.

Is there any special intention you would like us to pray with you about?
