Donation
Memorial/Honorary

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

Email: _____

If your gift is in honor or memory of a loved one, please clearly print their name below:

In Honor of: _____ Relationship: _____

In Memory of: _____ Relationship: _____

If there is a relative you would like us to notify about your honorary or memorial gift, please list their name and address below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I would like to make a gift of $ _____ to the Sisters of Saint Joseph!

☐ Cash ☐ Check ☐ Credit Card (3% transaction fee)

Please complete this section for credit cards only

☐ Visa ☐ MasterCard

Name *(as it appears on card)*: _____

Credit Card #: _____ Exp. Date: _____ CV Code: _____

Signature: _____

I would like to make a gift to be used specifically for:

☐ Retirement ☐ Greatest Current Need

☐ Active Ministries ☐ Specific Need: _____

Mail this form to:

Sisters of Saint Joseph Chestnut Hill • Philadelphia
Development Office
9701 Germantown Avenue • Philadelphia, PA 19118-2694