

ST. VINCENT DE PAUL CONTRIBUTION FORM

Personal Information:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____ Email: _____

1) **Gift Amount:** \$ _____.

2) Payment Method:

Credit Card: Please bill my credit card for the amount indicated above each month.
Please select one: Visa MasterCard Discover American Express

Account #: _____ Expiration Date: _____

Signature: _____

Automatic Debit (electronic check ACH): Enclosed is a voided check.

Check: Enclosed is my check in the amount of \$ _____.

3) Gift Designation:

Please use my gift where it is needed most.

Please designate my gift to (specify program): _____.

Gift in Memory of _____

Please send notification of gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Gift "In Honor Of" _____
Occasion _____

Please send notification to:

Name _____

Address _____

City _____ State _____ Zip _____

4) Corporate Matching Gifts:

My company, _____, will match my commitment. (This also applies to retired employees). Enclosed is a matching gift form.

I don't know if my company has a matching program.

Employer _____

Employer Address _____

5) Please list my name(s) in acknowledgements and publications as: _____

I wish to remain anonymous.

Thank you for your gift. St. Vincent de Paul serves all people without regard to race, religion or national origin. For more information please call 410-547-5467.