



Good Samaritan Monthly Giver Enrollment Form

Personal Information:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____ Email: _____

1) Monthly Gift Amount:

To support the programs of St. Vincent de Paul, I commit the sum of \$_____per month.

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 first check. Please send envelopes for future payments.

3) Gift Designation:

Please use my gift where it is needed most.

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

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 becoming a Good Samaritan Monthly Donor. St. Vincent de Paul serves all people without regard to race, religion or national origin. You may increase, decrease, or change your monthly commitment at any time. For more information please call 410-662-0500.

St. Vincent de Paul is a 501(c) (3) nonprofit organization. Your donations are tax deductible to the fullest extent allowed by law. A copy of our current financial statement is available upon request at 410-662-0500. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State for the cost of copying and postage.