



Giving to the Sisters

Sisters of St Francis of Assisi
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Yes, I would like to help the Sisters with my financial contribution!
(All Donations are Tax Deductible)

Please print this form to fill in and send us your donation via postal mail.

Please use my donation for:

- Retired Sisters
 Active Ministries
 Greatest Need

Donor Number (optional): _____

Title: _____ First Name _____ Last Name _____

Address Line 1: _____

Address Line 2 (if necessary): _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone Number: _____

Donation Amount: \$ _____

Check enclosed. (Please do not send cash.)

Please bill my credit card. Information follows:

Credit Card Number: _____ - _____ - _____ - _____

Credit Card Type: _____ We accept only MasterCard or Visa.

Credit Card Expiration - Month: _____ Year: _____ CVV2/CID # _____ (Last 3 numbers on the back of card)

Signature: _____

You are invited to enclose Prayer Intentions:
