

Gift Donation Form – Complete and Mail to: Sisters of St. Francis

Sisters of St. Francis Development Office 3390 Windsor Ave Dubuque, IA 52001

Enclosed is	\$ to supp	to support the Dubuque Franciscan Sisters.		
From:				
Name	e			
City,	State, Zip			
Phone Email:				
Use this gift	for: "ALL IS GIFT" B Ministry Fund Needs of Retire Sister Water P Wherever the	ed Sisters roject	If your employer is a matching gift company, please include form	
Please accep	pt my gift			
as a Memorial for				
and notify this person of my gift				
(Name/Address				
·	·			
	or of tify this person of my gi /Address			
Visa/Master Card (circle one) Card # Expiration Date /				
(Credit Card	donations can also be made	at a "secure site"	" on our web site: www.osfdbq.org)	
Signature (r	required for credit card donation)		
Thank you	for making your tax dedu	ctible gifts paya	ble to: Sisters of St. Francis.	
Please send	me information about:			
Charitable Wills Pack	ock/Bonds/Insurance e Gift Annuity ket Giving Program		filiation n Association embership	

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