



Sisters of St. Francis of Philadelphia

Sisters of St. Francis Foundation

Giving Opportunity

Please fill in the following information and return to the address below. Should you have any questions, please contact us at (610) 558-7713 or email FMF@osfphila.org. Thank you!

Name: _____

Address: _____

City, State, _____

Zip: _____

Telephone: () _____

Email Address: _____

If you wish to honor or memorialize an individual, please clearly print the name to be remembered below.

In Honor of: _____

In Memory of: _____

Gift is unrestricted Gift is restricted to Retirement Gift Restricted to: _____

Gift Information

My gift, in the amount of \$_____ is enclosed.

Form of Payment:

_____ Cash _____ Check _____ Credit Card

Please complete the section below if using a credit card.

Visa Mastercard Discover American Express

Name on Credit Card: _____

Account Number: _____ Exp. Date: _____

Signature: _____

Pledges

I/We pledge \$_____ over a _____ year period
beginning ____/____/_____.

Annually Quarterly Monthly Other _____

All gifts are tax deductible under current federal regulations.

Mail this form to:

**The Sisters of St. Francis Foundation,
609 South Convent Road, Aston, PA 19014**