



SISTERHOUSE

Mail-in Donation Form

All donations you make are greatly appreciated. They allow us to continue our mission of ministering to families, while also providing for the care of our aging and infirm sisters.

After printing this form, please complete the sections below that relate to the type of donation you wish to make. Then send the form with your check, or the form alone if you are donating through your credit card, to the address listed below.

Donor Name(s) _____

Address: _____

City: _____ State _____ Zip Code: _____

Home Phone _____ Email _____

Enclosed is my gift of. \$1,000 \$500 \$250 \$100 \$50 \$25

Other Special Gift \$ _____

Please send information on Wills I have remembered SisterHouse in my will

My employer has a Matching Gift Program. Company Name _____

CREDIT CARD: Please charge my gift of \$ _____ to Visa Master Card

Account Number: _____ Expiration Date: _____ Security Code _____

Cardholder Name: _____ Signature _____ Date _____

(Please print or type your name)

I make my gift: in honor of / or in memory of _____

Please send acknowledgement of my honor/memorial gift to:

Name: _____ Address: _____

I wish to remain anonymous

Please make your check payable to SISTERHOUSE and send to:

SISTERHOUSE
25 Washington Blvd.
Oak Park, IL 60302