



Sisters of Saint Joseph Development Office

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email: _____

If your gift is in honor or memory of a loved one, please clearly print their name below:

In Honor of: _____

Relationship: _____

In Memory of: _____

Relationship: _____

If there is a relative you would like us to notify about your honorary or memorial gift,
please list their address below:

I would like to make a gift of \$_____ to the Sisters of Saint Joseph!

_____ Cash

_____ Check

_____ Credit Card

Please complete this section for credit cards only

___ Visa

___ MasterCard

___ Discover

___ American Express

Name as it appears on Card: _____

Account Number: _____ Exp. Date: _____

Signature: _____

I would like this gift to be used specifically for:

Retirement

Greatest Current Need

Active Ministries

Specific Need: _____

Mail this form to:
**Sisters of Saint Joseph
Development Office
9701 Germantown Avenue, Philadelphia, PA 19118-2694
(215) 248-7238 (800) 482-6510 developmen@ssjphila.org**