



Sisters of Saint Joseph Monthly Donor Program

Please fill in the following information and return to the address below. Should you have any questions, please contact us at (215) 248-7275 or toll free at (800) 482-6510 or email development@ssiphila.org. Thank you!

Name: _____ Date: _____
Address: _____
City _____ State: _____ Zip: _____
Home Phone: (_____) _____

I would like to donate \$ _____ monthly to the Sisters of Saint Joseph!

<input type="checkbox"/> I would like to mail my donation monthly
<input type="checkbox"/> I would like to have my donation deducted from the following credit card automatically each month (fill in information below)
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard

Name (as it appears on card): _____
Account Number: _____
Expiration Date: _____
Signature: _____

I would like the Sisters of Saint Joseph to pray for the following intentions:

Mail this form to:

Sisters of Saint Joseph
Development Office
Monthly Donor Program
9701 Germantown Avenue
Philadelphia, PA 19118-2694