



Gift and Naming Opportunity 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@ssjphila.org. Thank you!

Name: _____

Address: _____

City, State, _____

Zip: _____

Telephone: (_____) _____

Selected Gift Opportunity: _____

If this is a naming opportunity, please clearly print the name to be remembered below:

In Honor of: _____

In Memory of: _____

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

Name on Credit Card: _____

Account Number: _____ Exp. Date: _____

Signature: _____

Pledges

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

_____ Annually _____ Semi-annually _____ Quarterly

_____ Please send me a reminder at the intervals I have chosen.

All gifts are tax deductible under current federal regulations.

Mail this form to:

Sisters of Saint Joseph, Development Office, 9701 Germantown Avenue, Philadelphia, PA 19118