



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@ssjphila.org. Thank you!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

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

I would like to mail my donation monthly.

I would like to have my donation charged to the following credit card automatically each month. (Fill in information below.)

Visa MasterCard

Name (as it appears on card): _____

Credit Card #: _____ Exp. Date: _____

Signature: _____

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

Mail this form to:

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