

# DONATION FORM

I want to be a part of the work of the Sisters of Saint Joseph through my gift to:

- Support Ministries
- Care for retired Sisters

Thank you for your generosity!

Your gift is tax-deductible.

- I have remembered the Sisters of Saint Joseph in my will



Artist: Sister Magdalen La Row, SSJ

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I am enclosing \$ \_\_\_\_\_

- Cash       Check       Visa/MC

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_



I prefer to connect with the Congregation via:

- Blessings (Quarterly SSJ publication)
- E Blessings (monthly e-mail ) My e-mail address is:

- \_\_\_\_\_
- ALL

Thank you.

Is there any special intention you would like us to pray with you about?

Sister Mary Anne Laurer  
Director of Development  
SSJ Office of Mission Advancement  
150 French Road  
Rochester NY 14618-3822

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