

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 (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?

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