

Please use this form to send credit card information by mail. Thank You!



Sisters of the Presentation

Attn: Development Office

880 Jackson Ave. _ New Windsor _ NY _ 12553

Complete your billing and contact information below. For a receipt to be sent via mail check the box []:

Contribution details:

General Donation \$ _____ Annual Fund \$ _____ Special Event \$ _____ Event _____

[] Monthly donation to be taken on the 15th of every month for a period of _____ months; total donation amount \$ _____.

[] One time donation

Contact Information:

Your Name: _____

Street Address: _____

City, State & Zip Code: _____

Phone Number: (_____) _____

Email: _____

Credit Card Information:

Type: Mastercard Visa American Express

Credit Card Number: _____

Expiration Date: Month _____ Year _____

Authorization: I hereby authorize Sisters of the Presentation to charge my credit card with the amount/s as noted above.

Signature: _____ Date: _____