

Memorial/Honor Request Form



Sisters of the Presentation

Attn: Development Office

880 Jackson Ave. _ New Windsor _ NY _ 12553

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

{ } In Honor of

{ } In Memory of

Name of person

Requested By: _____

Address: _____

Email: _____

Phone: _____

Donation Amount: _____

Payment type: Check Cash 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:** _____