

SISTERS OF THE PRESENTATION

of the Blessed Virgin Mary

2360 Carter Road | Dubuque, IA 52001 | 563.588.2008 | www.dbqpbvms.org

Contribution Form | Partners in Mission

CONTACT INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Spouses Name: _____

Email: _____ May we contact you at your email address? Yes No

GIFT INFORMATION

My gift is enclosed: *(Your gift is tax deductible as provided by law.)*

General Donation: Where the need is greatest **Memorial & Honorary Gift:** Remember or honor a loved one

Donation Amount: \$25 \$50 \$100 \$250 \$500 Other \$ _____

In Memory of _____ In Honor of _____

Recurring Gift: Weekly Monthly Quarterly Semi-Annually Annually

Donation Amount: \$10 \$25 \$50 \$100 \$250 \$500 Other \$ _____

Please bill my credit card on the _____ day of each month.

Does your employer offer a matching gift program?

Save-a-Stamp Option: Send one tax acknowledgement at the end of the calendar year.

PAYMENT INFORMATION

My gift will be made by: _____ Cash _____ Check *(Payable to Sisters of the Presentation)* _____ Credit Card *(Required for 12-month gift plan)*

Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express Expiration Date: _____ / _____
month year

Credit Card Number: _____ - _____ - _____ - _____ CVV/CID Code: _____ *(Security code on the back of your card)*

Name on card: _____ Signature: _____

Credit card donations can be securely made at www.dbqpbvms.org.

TELL US ABOUT YOURSELF

How are you affiliated with us? _____ Relationship to the sisters? _____

How did you hear about us? _____

I would like to remember the Sisters of the Presentation in my will. Please send me information. Yes No

I am considering a gift of stocks, bonds, matching gift or other method. Please send me information. Yes No

I have included the Sisters of the Presentation in my estate plans. Please let us know so we can thank you. Yes No

Thank you for supporting the life and ministries of the Sisters of the Presentation.

I Agree. Please check this box to consent to allowing your data to be stored within the guidelines outlined in our privacy policy.*

