

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: _____

Spouses Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Please complete the phone and email information so we can contact you if there are any questions regarding your gift.

We will also use the email information to send a confirmation of your gift.

Home phone: _____ Cell phone: _____

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

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

Memorial & Honorary Gift: Remember or honor a loved one

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

In Memory of _____

In Honor of _____

Without mentioning the amount, please send an acknowledgment of my gift to:

Recurring Gift: Weekly Monthly 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

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ / _____ CVV/CID Code: _____ (Security code on the back of your card)
month year

Name on card: _____ Signature: _____

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

TELL US ABOUT YOURSELF

How are you affiliated with us? _____

What sisters do you know? _____

Relationship to the sisters? _____

How did you hear about us? _____

Would you be interested in receiving e-news? _____ Yes _____ No Email: _____

Would you be interested in learning about the Presentation Associate Partnership? _____ Yes _____ No

Would you be interested in learning about volunteering and service experiences? _____ Yes _____ No

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

PRAYER INTENTIONS

The sisters would like to pray for you on your special occasion(s). If you wish, please indicate:

Birthday: Date: ____/____/____ Name: _____

Birthday: Date: ____/____/____ Name: _____

Wedding Anniversary: Date: ____/____/____ Name: _____

In Memory: Date: ____/____/____ Name: _____ Relationship: _____

Date: ____/____/____ Name: _____ Relationship: _____

Please remember the following intentions in prayer: _____

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.*

