

# SISTERS OF THE PRESENTATION

*of the Blessed Virgin Mary*

2360 Carter Road | Dubuque, IA 52001 | 563.588.2008 | [www.dbqpbvms.org](http://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](http://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.\*

