



Sisters of Saint Joseph *Mail-In Contribution Form* of Chambery

Please print this form and mail with your donation to:

Sisters of St. Joseph, c/o Mission Advancement Office
27 Park Road, West Hartford, CT 06119

Type or print:

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Should we need to reach you about your contribution:

Home Telephone: _____

Cell Phone: _____

Email: _____

The Sisters of St. Joseph do not rent, sell or distribute our mailing lists.

My gift is enclosed: (Please make checks payable to the **Sisters of St. Joseph**).

Your gift is tax deductible in its entirety, to the extent allowed by law.

General Donation: Where there is greatest need.

Donation Amount: ___\$25 ___\$50 ___\$100 ___\$250 ___\$500 ___Other \$ _____

Memorial & Honorary Gift: Remember or honor a loved one.

In Memory of _____

In Honor of _____

Donation Amount: ___\$25 ___\$50 ___\$100 ___\$250 ___\$500 ___Other \$ _____

Would you care to have a Mass offered? Yes No

Please send an acknowledgment of my gift (without mentioning the amount) to:

If your employer offers a matching gift program, please send us a form at our address above and we will process it for you. Thank you!

Would you mind answering a few questions so that we may know you better?

Did you know about us before you visited our Website? _____

Would you be interested in receiving information about how you may “partner with us in our mission and ministries?” _____

I would like to remember the Sisters of St. Joseph in my will. Please send me information on how I can do this.

I am considering a gift of stocks, bonds or other. Please let me know how I might do this.

*I have already included the Sisters in my estate plans. (*Let us know so that we may thank you.)*

Thank you so very much for supporting our Mission and Ministries.