

## Giving Form

Yes! I (we) want to be a part of the life and ministries of the Adrian Dominican Sisters.

Enclosed is my gift of \$\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Circle method of payment:

Check --- MasterCard --- Visa

Discover Card --- American Express

Card No: \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_ Please send me information about Planned Giving

Please designate this gift to be used for:

\_\_\_\_ Ministry Trust -- Gift in Living Tribute to/In Honor of:

\_\_\_\_ Retirement -- Gift In Memory of:

\_\_\_\_ Dominican Life Center -- Prayer Request:

\_\_\_\_ Other/Where Needed Matching gift

Company \_\_\_\_\_ Please notify the following that this gift has been given:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_