



ST. JOSEPH SPIRITUALITY CENTER
Centered on Adult Spiritual Enrichment

FY 2018 Annual Giving Campaign Pledge/Donation Form

Yes! I/we will support the works of the St. Joseph Spirituality Center with a gift of \$_____.

I/we intend to continue this gift annually for: __ 2 years __ 3 years __ 5 years __ until notified of change

My employer, (*name*) _____, has a matching gift program.

Payment Options

___ **Check/Money Order** ...Enclosed is my check made payable to the St. Joseph Spirituality Center.

___ **Pledge** ...Please begin billing for the pledge on (*dd/mm/yy*)_____

Payment(s) to be made __ Once __ Monthly __ Quarterly __ Other _____

___ **Credit Card** ...Please charge __ VISA __ Master Card __ American Express __ Discover

Name on Card (*please print*) _____

Account # _____ Expires _____ Security Code _____

___ **Stock** ... I/we will make a gift of stock. Please call me/us to make these arrangements.

___ **Legacy** ... I/we would like to leave a legacy gift in my/our will(s). Please call to discuss.

Donor Name(s)

Donor Name and Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donor Recognition

___ In the annual report and other donor recognition materials, my/our name(s) should appear as

___ Please do not publish my/our name(s) in printed materials.

This gift is made in ___ Memory of ___ in Honor of _____

Please notify _____ of this gift

(Name)

(Address)

Signature (*required*) _____

For additional information or questions, contact gail@stjocenter.org

Thank you for your support!

All gifts are tax deductible to the extent allowed by law 501(c)3 Tax ID# 72-1458825