

Partners in Mission and Purpose Sisters of St. Joseph of LaGrange

Please print form
and mail or fax to
address listed below

Please send me information about:

- Making a Gift
- Volunteer opportunities
- Programs and events

For more information, please contact:

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Sisters of St. Joseph
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ENCLOSED IS MY/OUR TAX-DEDUCTIBLE GIFT OF:

\$ _____

PAYABLE TO SISTERS OF ST. JOSEPH BY

- Check
 - Credit Card
 - MC Visa AMEX Discover
- Exp. Date: _____

V-code (3 digit code on back of card) _____

Name as it appears on card

Signature

PLEASE USE MY GIFT FOR:

- Wherever the need is greatest
- Apostolate of Prayer* (see below)
- Tributes* (see below)
- Care of Retired Sisters
- School on Wheels
- Tutors on Wheels
- The Well
- Memorials*(see below)

MY GIFT IS:

- In Memory (deceased)
- _____

- In Tribute (living)
- _____

- Enroll in Apostolate of Prayer
- _____

Name _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ E-mail address _____