

## Franciscan Spirituality Center Mail-in Contribution Form

Please make checks payable to:

Franciscan Spirituality Center or F.S.C.

Complete and email –or- Please print this form and mail it to:

FSPA Development Office  
912 Market Street  
La Crosse, WI 54601

Please type or print:

Prefix  Mr.  Mrs.  Ms.  Mr & Mrs,

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

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

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Donation Amount:  \$25  \$50  \$100  \$250  \$500  Other \$ \_\_\_\_\_

Credit Card:  Visa  MasterCard  Discover

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ of \_\_\_\_\_ Code on back of card (3 digit): \_\_\_\_\_

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

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

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your gift will be matched by an anonymous donor and added to the endowment fund to provide programs for those in need.

Gift is in memory of: \_\_\_\_\_

Gift is in honor of: \_\_\_\_\_

If you want someone notified of your gift, please fill out the information below:

Prefix  Mr.  Mrs.  Ms.  Mr & Mrs,

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

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

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for building hope and sharing your gifts.

You are free to express your wishes, however, to ensure that you will be entitled to an income tax deduction, the Franciscan Sisters of Perpetual Adoration and the Franciscan Spirituality Center , a sponsored ministry of FSPA, are required by IRS rulings to retain full authority over the assets granted to our religious congregation and cannot accept gifts that are required by the donor to be paid to the specific work of an individual or are required to be used overseas by our congregation.

Your name will be included in our published list of friends unless you direct otherwise under Comments.