FSPA Credit Card Mail-in Contribution Form

Please print this form and mail it to:

FSPA Office of Development 912 Market Street La Crosse, WI 54601-4782



Please type or print:		
Prefix □ Mr. □ Mrs. □ Ms.	□ Mr. & Mrs.	
Name:		
Address:		
City:	State:	Zip:
Telephone:		
E-mail:		
Donation Amount: ☐ \$35 ☐ 9	\$50 □ \$100 □ \$250	□ \$500 □ Other \$
Credit Card: □ Visa □ Mast	erCard □ Discover	(million 3 4 13.)
Account Number:		
Expiration Date o	f Code on I	back of card (3 digit):
Billing Name:		
Billing Address:		
Billing City:	State: _	Zip:
Use My Gift as Follows: ☐ Where Need is Greatest ☐ Villa St. Joseph ☐ St. Rose Convent	☐ Affiliation ☐ Retirement Fund	☐ Ministry Fund☐ Vocation Fund
☐ Other		
☐ In memory of:		
☐ In honor of:		
Include the following intentions	in your prayer:	
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 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.

The Franciscan Sisters of Perpetual Adoration are grateful for your gift for our Sisters and our ministry projects. A letter and formal receipt will be sent to acknowledge your contribution. May God bless and keep you.

Madalene Buelow Director of Development