

Sisters of Charity, BVM Direct Donation Authorization Form

I authorize my bank to transfer \$ _____ from my account to the Sisters of Charity, BVM each month. Should I decide to cancel, I will write the Sisters of Charity, BVM. My donations will be recorded on my regular statement that will serve as my receipt.

Please use my monthly gift

___ Wherever the need is greatest
___ Education & Ministry

___ BVM Support Fund
___ Other

In Memory of _____

In Honor of _____

Option 1:

___ I would like to have my monthly gift transferred automatically from my checking account to the Sisters of Charity, BVM.

I have enclosed a check for this month's contribution.

Option 2:

___ I would like to have my monthly gift charged to my credit card.
(MasterCard & Visa Only)

Credit Card #

Expiration Date

Signature

Name

Address

City, State, Zip

Please save for your records

I authorize my ___ Bank or ___ Credit Card Company to transfer the amount indicated on this form from my account. Should I wish to change or stop my payments, I will notify in writing the Sisters of Charity, BVM. A record of each transfer will be included on my regular bank or credit card statement and will serve as my receipt.

Monthly gift \$ _____ **Date** _____

Your gift is tax deductible as provided by law.

Completed forms should be mailed to:
Office of Development
Sisters of Charity, BVM
1100 Carmel Drive
Dubuque, Iowa 52003-7991