GIFT FORM

Sisters of Charity OF NAZARETH

RESET

DONOR NAME (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ◯ Home ◯ Cell

Email: _____

DESIGNATION

Gift Amount: ◯ $1000 ◯ $500 ◯ $100 ◯ $50 ◯ Other _____

Please use my gift for:

☐ Greatest Need ☐ USA ☐ Retirement ☐ Volunteer Program
☐ Nepal ☐ Kenya ☐ India ☐ SCN Associates
☐ Botswana ☐ Belize ☐ Other _____

This gift is: ◯ in Memory of ◯ in Honor of: _____

Comment: _____

PAY METHOD

◯ Cash
◯ Check *Make Payable to "SISTERS OF CHARITY OF NAZARETH"
◯ Credit Card ◯ Monthly Supporter ♥ ◯ One-Time Donation ****CHOOSE ONE****

Credit Card Number: _____

Credit Card Expiration: _____ CVV: (back of card): _____

Credit Card will be charged upon receipt of form.

PRAYER REQUEST

_____

_____

Thank you for your gift!

Please mail this form to: Sisters of Charity of Nazareth
Office of Mission Advancement
PO Box 9
Nazareth, KY 40048

or email this form to: donate@nazareth.org Questions? Call: (502) 348-1519

By completing the monthly supporter section, you authorize the agreed-upon payments. You may change or stop your contribution at any time by emailing donate@nazareth.org or calling 502-348-1519. The Sisters of Charity of Nazareth are a 501(c)(3) organization under the Internal Revenue Service. In order to Insure the tax deductibility of contributions for SCN ministries in countries other than the United States, the Sisters of Charity of Nazareth retain full authority and discretion over all such funds.