



DONATION FORM

Please mail this form with your donation to:

Sisters of St. Dominic of Blauvelt
496 Western Highway
Blauvelt, NY 10913
Attn: Development Office

1. Donor Information (please fill out completely)

First Name _____ Last Name _____

Mailing Address _____ Apt. # or Suite _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

2. Your Donation Information

Please accept my one-time gift of:

___\$25 ___\$50 ___\$100 ___\$250 ___\$500 Other:\$ _____

Check (Please make checks payable to the Sisters of St. Dominic of Blauvelt)

Please enroll me in the monthly giving program:

___\$5 ___\$10 ___\$25 ___\$50 ___\$100 Other:\$ _____

Please charge my credit card:

Visa Master Card American Express

Credit Card # _____ Exp. Date _____ CVV# _____ (on the back of your card)

Signature for Credit Card _____

If your gift is in honor of or in memory of someone, please complete below:

In Honor/Memory of _____

(please circle one)

Send Memorial Gift Acknowledgement to _____

Address: _____

The Sisters of St. Dominic of Blauvelt, NY thank you for your generosity.
Contributions are tax-deductible to the extent allowed by law.