



THE LITTLE SISTERS OF THE POOR DONATION FORM

To make a donation, please print and complete this form.

You can then:

- **Fax** it to (812) 464-2141
- or **Mail** it with your check or credit card information to:

Little Sisters of the Poor
St. John's Home
1236 Lincoln Avenue
Evansville, IN 47714-1056

DONOR INFORMATION

| | | |
|-------|------------|-----------|
| Title | First Name | Last Name |
|-------|------------|-----------|

Mailing Address Type: Home Business

| | | |
|-----------|-------|-----------------|
| Address | | |
| Address 2 | | |
| City | State | Zip/Postal Code |
| Telephone | | |

DONATION \$25 \$50 \$100 \$200 \$500 \$1,000 Other _____

This gift is in memory of in honor of _____

Your thoughtful remembrance will be acknowledged to the person you designate. (The amount will not be disclosed.)

| | | |
|------------|-----------|-----------------|
| First Name | Last Name | |
| Address | | |
| City | State | Zip/Postal Code |

CREDIT CARD INFORMATION:

- Visa
 Mastercard

| | | |
|--------------------|-------------------------|---------------|
| Credit Card Number | Expiration Date (MM/YY) | Security Code |
|--------------------|-------------------------|---------------|

Name as it appears on the card Same as Donor mailing address above

| | | |
|-----------------|-----------|-----------------|
| First Name | Last Name | |
| Billing Address | | |
| City | State | Zip/Postal Code |
| Signature | | |

God bless you for your generosity!