



THE LITTLE SISTERS OF THE POOR DONATION FORM

- **Fax** it to (816) 761-8313
- **Email** it to kansascity@littlesistersofthepoor.org
- or **Mail** it with your check or credit card information to:
Little Sisters of the Poor
Jeanne Jugan Center
8745 James A. Reed Road
Kansas City, MO 64138-4414

DONOR INFORMATION

Title	First Name	Last Name
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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:

<input type="checkbox"/> Visa <input type="checkbox"/> Discover	Credit Card Number	Expiration Date (MM/YY)	Security Code
<input type="checkbox"/> Mastercard <input type="checkbox"/> American Express			

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!