



## THE LITTLE SISTERS OF THE POOR DONATION FORM

Please print and complete this form. You can then:

\* mail it with your check to:

Little Sisters of the Poor - St. Joseph's Home  
1503 Michaels Road  
Richmond, VA 23229-4899

### DONOR INFORMATION

Title:	First Name:	Last Name:
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Address Type:  Home  Business

Address 1:		
Address 2 (if needed):		
City:	State:	Zip/Postal Code:
Telephone:		

### DONATION

\$25.00  \$50.00  \$100.00  \$200.00  \$500.00  \$1,000.00  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:

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