



## THE LITTLE SISTERS OF THE POOR DONATION FORM

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

You can then:

- **Fax** it to (314) 421-0933
- or **Mail** it with your check or credit card information to:

Little Sisters of the Poor  
St. Louis Residence  
3225 North Florissant Avenue  
Saint Louis, MO 63107-3521

### 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!