



THE LITTLE SISTERS OF THE POOR DONATION FORM

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

You can then:

- **Fax** it to (651) 227-7321
- or **Mail** it with your check or credit card information to:

Little Sisters of the Poor
Holy Family Residence
330 Exchange Street S.
Saint Paul, MN 55102-2311

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:

- Visa
 Mastercard

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