



*Sisters of*  
**OUR LADY IMMACULATE**

## MAIL-IN DONATION FORM

### YOUR INFORMATION

Title:	First Name:	Last Name:
Company/Organization (if applic.)		
Address:		
Address Line 2:		City:
Prov/State:	Postal Code:	Country:
Telephone Number:		Email Address:

### GIFT INFORMATION

Donation Amount: \$
Direct my gift to: <input type="checkbox"/> General Fund (unrestricted gift) <input type="checkbox"/> Motherhouse Fund <input type="checkbox"/> Pembroke Diocese Mission Fund <input type="checkbox"/> Marian Residence Activity Fund <input type="checkbox"/> Marian Residence Low Income Senior Subsidy Program
Donation by: <input type="checkbox"/> cheque (to "Sisters of Our Lady Immaculate") <input type="checkbox"/> credit card

### CARD INFORMATION (IF APPLICABLE)

Card #:	CVS Code:	Expiry:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express		
Charge My Card: <input type="checkbox"/> Once <input type="checkbox"/> On a Monthly Basis	Number of Donations:	

**OPTIONAL** I would like my gift to be  an honour donation  a memorial donation

Name of Honoured or Deceased: \_\_\_\_\_

Name and Address of Family of Honoured or Deceased to receive notification of gift:  
\_\_\_\_\_

COMMENTS:
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Please mail this form to:

**Sisters of Our Lady Immaculate**

**640 Hillview Road**

**Cambridge, Ontario N3H 5H3**

Please contact us at (519) 653-6752 with any questions.

***Thank you for your donation!***

*You will receive confirmation by mail, which will include an official receipt for income tax purposes. Your contact information is for use by the Sisters of Our Lady Immaculate only, and will never be given out without your permission or sold.*