

Sisters of Divine Providence Donation Form

Yes! I want to support the ministries and mission of the Sisters of Divine Providence.

Enclosed is my gift of:

\$1,000 \$500 \$125 \$75 \$35 other \$_____

Name: _____

Address: _____

City/State/Zip: _____

Phone (home): _____ (cell) _____

Email: _____ Birthday: _____

Accept this as a tribute gift

In memory of: _____

In honor of: _____

On the occasion of: _____

Notify

Name: _____

Address: _____

City, State, Zip: _____

Optional:

I wish to remain anonymous.

Save postage. Please do not send a thank-you letter.

Contact me about including the Sisters in my will.

Mail this form and your donation to:

Sisters of Divine Providence

Mission Advancement

9000 Babcock Boulevard

Allison Park, PA 15101

412-931-5241

MissionAdvancement@cdpsisters.org

We welcome your prayer requests at cdpsisters.org/prayers.

