

## Franciscan Spiritual Center

To make your gift by Check or Credit Card, Print this Donation Form and mail to:

**Joy Wallace, Development Director**  
**6902 SE Lake Rd Ste 300 Milwaukie, OR 97267**

Questions or need help, call or email Joy Wallace: 503-794-8542 x 104 or jwallace@francisspctr.com

Name: \_\_\_\_\_

**For Gifts by Check**, enclosed is my donation of:  \$250  \$100  \$50  \$35  Other: \$ \_\_\_\_\_

*Please make check payable to Franciscan Spiritual Center.*

Can we list you as a donor in future Newsletters & Annual Reports?

Yes  No

List how you want your name to appear in publications:

\_\_\_\_\_

For Gifts by Credit Card, Choose Card Type:  VISA  MASTERCARD

Name on Card: \_\_\_\_\_ Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount of Your Authorized Charge: \$ \_\_\_\_\_

Mailing Address: (as listed on your credit card account)

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

What is the best number to reach you?  Daytime  Alternate  Other: Please list

Please use my gift for:

- The Greatest Need
- Participant Scholarships
- Specific Program: \_\_\_\_\_
- Other: \_\_\_\_\_

This gift is given:

In Memory  In Honor

Of: \_\_\_\_\_

Please Acknowledge \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Send me information on:

- Volunteer Opportunities
- Electronic Funds Transfer Program

**Consider "Endowing" this gift to us with a Planned Gift:**

Please send me information on making a Planned Gift to Franciscan Spiritual Center in my Will or Estate.

I have remembered Franciscan Spiritual Center in my Will or Estate.

*Our legal name: Franciscan Spiritual Center & Tax ID: is 23 1352545*

Print a copy of this form for your records