



School Sisters of Notre Dame
Atlantic-Midwest Province

MAIL-IN DONATION FORM

Thank you.

Your support makes a difference. It allows SSND to educate, advocate, and act in collaboration with others for the dignity of life and the care of all creation while *Transforming the World Through Education*.

Please fill in the information below. Send the form with payment, check or credit card information, to the address listed below.

Donor Name(s) _____

Address: _____

City: _____ State _____ Zip Code: _____

Home Phone _____ Email _____

Please choose a gift level: \$1,000 \$500 \$250 \$100 \$50 \$25 Other Gift \$ _____

Please choose a method of payment:

Check: Please make check out to SSND

Credit Card (minimum credit card donation is \$20): Visa Master Card American Express Discover

Name on card: _____ Expiration Date: _____

Card Number: _____ Security Code: _____

Check all that apply:

Please use my gift:

Where needed most

Care for senior sisters

Educational Ministries

Other _____

I wish to remain anonymous

I have applied for a Company Matching Gift. Company Name _____

I/We would like to be a recurring donor and designate my gift to recur:

Monthly

Quarterly

Semi-Annually

Annually

I make my gift: in honor of or in memory of _____

Please send acknowledgement of my honor/memorial gift to:

Name: _____

Address: _____

I would like additional information:

Planned Giving (Bequests, Life Insurance)

Stock Transfer

Tell us about your relationship with SSND:

I am: an SSND Alumna/us: School _____

City/State _____ Grad Year _____

Friend

Family

Other

Please return to:

Development Office, 345 Belden Hill Road, Wilton, CT 06897-3898

Phone 203.761.9732 Email: jchrysadakis@amssnd.org