

# Donation Form

Thank you for being part of our donor community.

Please fill out the form below and return it to us at the address listed. If you have any questions, please contact Guy Vaccaro at (847) 412-1605.



## Please return this form to:

Society of the Divine Word Chicago Province Development, P.O. Box 577, Techny, IL 60082

## Billing Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Country: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Donation Amount and Type:

\$25  \$50  \$75  \$100  Other: \_\_\_\_\_

The amount above is a:  One-time donation  Recurring monthly donation

## Payment Information:

Check payable to "Society of the Divine Word"

Credit Card:  MasterCard  Visa  American Express  Discover  Other: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_ (mm) / \_\_\_\_\_ (yyyy)

Credit Card Verification (CVC# on backside of card): \_\_\_\_\_

I hereby authorize the Society of the Divine Word to charge my credit card for the amount and type I have indicated above to support their missionary work.

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

*Thank you for your support!*