

Donation Form

Thank you for being part of our donor community.

Please fill out and return the form to us at the address below. If you have any questions, please contact Fr. Janusz Horowski SVD at (847) 412-1608.



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!