PRINT & SEND DONATION FORM

Please mail your tax-deductible donation with this form to:

Sisters of Divine Providence 515 SW 24th Street San Antonio, TX 78207-4619

Yes, I want to support the life and mission of the Sisters of Divine Providence!

Donor Information		
Title: First Name:	Last Name:	
Address:		
City: State	e: Zip:	_
Phone:Ema	il:	
Gift Amount (please check one)		
\$1,000\$500\$200	\$100\$50	Other Amount: \$
l'd like to make this donation recurring.		
Payment Options		
I have enclosed check #	I have er	nclosed cash
We appreciate your support of our ongoing mis	sions.	
Where Most Needed Providence Trust for Retired Sisters McCullough Hall Nursing Center CDP Give 2020 Support a Sister (Giving Tuesday) Ministries in Mexico Moye Retreat Center St. Joseph Chapel Restoration Associates Fund Future Membership		
In Memory/Honor of:		
Please send additional notification of this gift to	o :	
Title: First Name:	Last Name:	
Address:	City: S	tate: Zip:
l'd like to receive updates from the Congreç	ation of Divine Providence	

Thank you for your support!

Leave a Legacy – Please consider remembering the Congregation of Divine Providence in your will.

In doing so, your legacy will live on in the lives of our retired Sisters and many who benefit from the Sisters' ministries.

This contribution is tax deductible within the limits of law.

PLEASE MAIL TO THE ADDRESS LISTED BELOW: