

Society of St. Vincent de Paul Sacramento Council
P.O. Box 16248, Sacramento, CA 95816-2487

Donation Form

YES! I want to help the St. Vincent de Paul programs serve those in need:

- Where most needed Thrift Store Mattress Program
 Other, please specify:
-

Choose to make your gift a memorial or tribute:

- In memory of

- In honor of
-

For Holiday Birthday Anniversary Thinking of You

- Other _____

Send a card to: Name _____

Address _____

City/State/Zip _____

Enclosed is my tax-deductible gift of:

- \$2,500 \$1,000 \$500 \$100 \$50 Other \$ _____

Please enclose your check or fill out below for credit card processing:

Credit Card Visa MasterCard American Express

Account Number _____

Expiration Date _____

Monthly Donation Amount \$ _____ or

One-time Donation Amount \$ _____

I authorize the Society of St. Vincent de Paul Sacramento Council to debit the above card to assist with providing assistance to those in need.

Signature _____

Date _____

Send me information on

- Making a planned gift
 Donating an automobile, boat or recreational vehicle
 Donating household goods or used electronics
 Volunteering my time

Thank you for your generosity! Send your completed form to
SVdP Sacramento Council, P.O. Box 16248, Sacramento, CA 95816-2487