



*“I was hungry, you gave me food;
I was sick, you visited me;
I was naked, you clothed me.
When you do this
to the least of my brethren,
You do it to Me,” so says our Lord.*

Donation Form - Please Mail Donation to:
Society of St. Vincent De Paul Sacramento Council
P.O. Box 162487, Sacramento, CA 95816-2487

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

- Where most needed Thrift Store Exodus Program Fire Relief Feed The Hungry
- House the Homeless Support your neighborhood Other _____

Name _____ *Enclosed is my tax-deductible gift of:*

Address _____ \$2,500 \$1,000 \$500

City/State/Zip _____ \$100 \$50 Other \$ _____

Please enclose your check # _____ One Time Amount \$ _____

Or fill out below for credit card processing: Visa Mastercard American Express Other

Account Number _____ CVV: _____ Exp Date: _____

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 _____

Consider making your gift a Recurring Gift

Weekly, Monthly, Quarterly, Annually Donation Amount \$ _____

Choose to make your gift a memorial or tribute: <input type="checkbox"/> In memory of or <input type="checkbox"/> In honor of _____ For <input type="checkbox"/> Holiday <input type="checkbox"/> Birthday <input type="checkbox"/> Anniversary <input type="checkbox"/> Thinking of You <input type="checkbox"/> Other _____ Send a card to: Name _____ Address _____ City/State/Zip _____ Any comments you would like us to reference: _____
--

If you would like more information about how you can help us help others please review our website:

svdp-sacramento.org

We accept vehicle donations at no cost to the donor please visit the website below to learn more:

svdpusa.careasy.org/home

Thank you for your generosity!