



Servants of Mary

Contribution Form

Enclosed is my/our gift to the Servants of Mary:

My/Our Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Donation Amount:

_____ \$ 25 _____ \$ 50 _____ \$ 100 _____ \$ 250 _____ Other amount

_____ Yes, please make this a monthly recurring gift

Payment Method:

Check enclosed in the amount of: _____

Please bill my Credit Card in the amount of: _____

Circle Credit Card type (please circle:) Visa | MasterCard | AMEX | Discover

Name of Card Holder: _____

(Please print your name exactly as it appears on your credit card.)

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Use my gift for:

_____ Servite Center of Compassion
_____ Retirement
_____ Where the need is the greatest

I would like this gift to be:

In memory of _____

In honor of _____

Special occasion? _____

Please notify the following of my memorial/honor gift:

Name: _____

Address: _____

City/State/Zip: _____

Please send me information about:

Including the Servants of Mary in my will _____

Making a planned gift _____

Contributing through matching funds _____

Please mail this form to:

**Servants of Mary
Development Director
7400 Military Avenue
Omaha, NE 68134**

Your contribution makes a difference!