

_____ \$160 _____ \$100 _____ \$50 _____ \$25 Other: \$ _____

[Please Print]

Name: _____

Address: _____

City/State/Zip: _____

My gift is in Memory of: _____

My gift is in Honor of: _____

The Sisters of St. Joseph are included in my will/estate plans

Please make checks payable to:

SISTERS OF ST. JOSEPH,

Mail to:

Sisters of St. Joseph

Attn: Marilyn Peterson

4975 Strickler Road

Clarence, NY 14031