



**MOUNT ST. JOSEPH
ASSOCIATION**
Care for each other.

DONATION MAIL-IN FORM

- **Donation:** \$ _____
- *I am making this donation _____ in honor of _____ in memory of:*

Name _____

We thank you for helping us to create the best life possible for our beloved residents and day clients.

Check:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ **Check Amount: \$** _____ **Number:** _____

Charge:

MasterCard#: _____ Expiration date: _____

Visa#: _____ Expiration date: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____

● **PRIVACY:** The Mount St. Joseph Association is committed to protecting the privacy of our donors and does not sell or share any information with third parties. The information we collect is solely used for the processing of your donations.

Mail to:

**Mount St. Joseph Association
c/o Rita Lavelle
1760 Chestnut Lane
Hoffman Estates, IL 60192**