



Memorial/Honor Request Form

Sisters of the Presentation

Attn: Development Office

84 Presentation Way, New Windsor, NY 12553

Complete contact information below. For a receipt to be sent via mail check the box { }:

{ } In Honor of

{ } In Memory of

Name of person

Requested By: _____

Address: _____

Email: _____

Phone: _____

Donation Amount: _____

Please send acknowledgement of gift to:

Payment type: Check Cash Mastercard Visa American Express

Credit Card Number: _____

Expiration Date: Month _____ Year _____

Authorization: I hereby authorize Sisters of the Presentation to charge my credit card with the amount/s as noted above.

Signature: _____ Date: _____