



**Yes! I would like to make a donation to  
the Religious of the Sacred Heart of Mary.**

**Eastern American Province**  
**Tarrytown, NY**

**Western American Province**  
**Montebello, CA**

**A Single Gift**

- My gift of \$ \_\_\_\_\_ is enclosed.
- Please charge my gift of \$ \_\_\_\_\_ to my credit card. (See below.)

**A Monthly Gift**     *(Agreement for monthly gift can be modified at any time by donor.)*

- I will give \$ \_\_\_\_\_ by check each month.
- Please charge \$ \_\_\_\_\_ to my credit card each month. (See below.)

Please send an acknowledgment of my gift      every month      at the end of the calendar year.

<b><i>Authorization to charge gift to Credit Card</i></b>
At the time(s) indicated above, please charge \$ _____ to my
<input type="checkbox"/> <u>Visa</u> or <input type="checkbox"/> <u>Master Card</u> or <input type="checkbox"/> <u>American Express</u>
Card #: _____ Expiration Date _____
Name of card holder: _____
<i>(please print)</i>
Signature of card holder: _____

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Make checks payable to Religious of the Sacred Heart of Mary**

*Please return completed form to:*

**EASTERN AMERICAN PROVINCE**  
 Sister Mary Alice Young RSHM  
 Director of Advancement  
 Religious of the Sacred Heart of Mary  
 50 Wilson Park Drive  
 Tarrytown, NY 10591  
 Tel: 914-631-4407 or 1-866-402-9364  
 Fax: 914-631-4925  
 Email: Advancementrshm@aol.com

**WESTERN AMERICAN PROVINCE**  
 Sister Eileen Tuohy, RSHM  
 Provincial Treasurer  
 Religious of the Sacred Heart of Mary  
 441 North Garfield Avenue  
 Montebello, CA, 90640  
 Tel: 323-887-8821 ext. 204  
 Fax: 323-887-2776  
 Email: rshmwap@earthlink.net