



Our Lady's Missionaries of the Eucharist

...striving to bring the world to the Eucharist and the Eucharist to the world...

Donor Information (please print)

Name	
Address	
City, State, Zip code	
Telephone (home)	
E-Mail	

Donation Information

I (we) would like to donate a total of \$_____ to be paid:
___ one time only ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other (please specify): _____

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Credit card # :	
Expiration date: / /	Amount \$: _____	V-code (3 digit code on back of card):
Authorized Signature		

Acknowledgement Information

Is this Gift In Memory or In Honor of Someone?

Person's Name	
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Acknowledgement should be sent to:

Name	
Address	
City, State, Zip code	

___ I (we) wish to have our gift remain anonymous.

Signature(s)	
Date	

Please make checks, corporate matches, or other gifts payable to:

**Our Lady's Missionaries of the Eucharist
640 East Main Street
Birdsboro, PA 19508**

Contributions to Our Lady's Missionaries of the Eucharist are tax deductible to the extent permitted by law. Thank you!