



**Sisters of Charity, BVM Direct Donation Authorization Form**

I authorize my bank to transfer \$ \_\_\_\_\_ from my account to the Sisters of Charity, BVM each month. Should I decide to cancel, I will write the Sisters of Charity, BVM. My donations will be recorded on my regular statement that will serve as my receipt.

**Please use my monthly gift**

\_\_\_ Wherever the need is greatest  
\_\_\_ BVM Support Fund

\_\_\_ Education & Ministry  
\_\_\_ Other \_\_\_\_\_

**In Memory of** \_\_\_\_\_

**In Honor of** \_\_\_\_\_

**Option 1:**

\_\_\_ I would like to have my monthly gift transferred automatically from my checking account to the Sisters of Charity, BVM.

**I have enclosed a check for this month's contribution.**

**Option 2:**

\_\_\_ I would like to have my monthly gift charged to my credit card.  
(MasterCard, Visa, American Express and Discover Only)

**Credit Card #**

**Expiration Date**

**Signature**

**Name**

**Address**

**City, State, Zip**

**Please save for your records**

I authorize my \_\_\_ Bank or \_\_\_ Credit Card Company to transfer the amount indicated on this form from my account. Should I wish to change or stop my payments, I will notify in writing the Sisters of Charity, BVM. A record of each transfer will be included on my regular bank or credit card statement and will serve as my receipt.

**Monthly gift \$** \_\_\_\_\_ **Date** \_\_\_\_\_

**Your gift is tax deductible as provided by law.**

Completed forms should be mailed to:  
Office of Development  
Sisters of Charity, BVM  
1100 Carmel Drive  
Dubuque, Iowa 52003-7991