Felician Village

DONATION: I would like to make a donation by check as noted below:

☐ CHECK. Enclosed is my check in the amount of $ _____

Please make your check payable to St. Mary's at Felician Village.

PLEDGE I pledge a total of $ _____ over the next ☐ 12 months ☐ 24 months ☐ 36 months.
$_____ Each month My first check is enclosed… ☐ Yes ☐ No

I would like my gift directed toward the following (check one box only):

☐ Unrestricted (where needed most) ☐ Therapeutic Gardens ☐ Capital Equipment

I would like my gift listed… *(If desired, check appropriate box and fill in the person's name)*

☐ in memory of OR ☐ in honor of

Name: *Please print* _____

☐ If this gift is a memorial or honorary, please send acknowledgement of this gift to:

_____
Name *Please print* Address City State Zip

☐ No acknowledgement is necessary

Please print
Donor's Name: _____

Address: _____
Street City State ZIP

Phone: _____ E-mail: _____

Your contribution is tax deductible as prescribed by law.
No goods or services have been exchanged for this transaction.

Thank You!

Please mail form and check to:

St. Mary's at Felician Village
Attention: Donor Development
1635 South 21st Street
Manitowoc, WI 54220