

***Donation Form***

Fax or mail your contribution to the address at the bottom of the form.

***Yes! I want to support the mission and ministries of the Sisters of Humility with a donation of:***

\$25    \$50    \$100    \$250    \$500   \$1000   Other: \_\_\_\_\_

***Please designate my gift for:***

Greatest Need    Care for Retired Sisters    Ministry Fund    Our Lady of the Prairie Retreat

Humility of Mary Housing, Inc. (HMHI)    Humility of Mary Shelter, Inc. (HMSI)

Other \_\_\_\_\_

***Payment***

I am enclosing a check payable to the Congregation of the Humility of Mary (CHM)

Please charge my contribution to:

VISA    MasterCard    Discover    American Express

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

***This gift is given:*** \_\_\_\_\_ In memory of   \_\_\_\_\_ In honor of   \_\_\_\_\_ In celebration of

Name(s) \_\_\_\_\_

Please send a card to:    Memorial    Thinking of you    Congratulations    Birthday

Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

***Fax this form to 563-323-5209***

***Call 563-336-8401 to donate by phone.***

***Mail this form with your donation to: Sisters of Humility, Development Office, 820 W. Central Park Avenue  
Davenport, IA 52804-1900***

I have included the Sisters of Humility in my estate planning.

Please send me CHM Planned Giving information.