

Joining the 800 year mission of the Dominican friars to preach	ı the
Gospel of Christ, I/we confirm our intent to contribute:	

\$

(If this gift is a pledge, please indicate terms in last section of form.)

Thank you for your thoughtful support! Please print clearly for accurate processing and tax receipt.

Donor Information We respect your privacy and never sell or share your information.

	Donor Name(s):		Date:		
	Organization Contact Name (if applicable):_				
	Address:				
	City:	State:	Zip:		
	Phone: Cell Home Office	Email: Yes, I'd like to receive	ive relevant emails from the Dominicans		
	Are you associated with a Dominican ministr	ry? Parish / Ministry Name	Parich / Minister State		
Gift	t Designation	ransn / Ministry Name	Farish / Ministry State		
	This gift is being made \Box in memory of [0]	or] 🗆 in honor of:			
	We'd like to help the Dominicans by designating our gift to one of the following areas of need:				
	\Box Greatest Need of the Friars	\Box Education and Formation	Dominican School (DSPT)		
	Elderly Friar Care	□ Other (please specify):			
Gift	t Information & Fulfillm	ent Options			
	Enclosed is my check, payable to Western I Please charge my gift to my debit / credit ca	Dominican Province ard. <i>Accepted cards: MasterCard, Visa, Discover, an</i>	nd AMEX		
	Credit / Debit #:	Exp:	CSV#:		
	e e	atch amount:\$ Corporation:_ from your HR department. Once completed, they w			
Dono	r or Org. Contact Signature:		Date:		
	Thank y	ou for your generous support!	v11.18.21		
	ou'd like to donate by credit card over the phone ANT TO DONATE STOCK OR OTHER ASSET				