

Presentation Foundation

Enclosed is My Gift of \$ _____
I/We pledge \$ _____ beginning _____ ending _____

Monthly Quarterly Semi-Annually Annually

Donor's Name _____
Address _____
City/State/Zip _____

Please make checks payable to the Presentation Foundation. You may also use your credit card to make a donation. Please Charge \$ _____ to my Visa MasterCard

Name as it appears on card: _____

Card Number: _____ **Expiration Date:** _____

Signature _____

THIS GIFT IS GIVEN

In Memory of _____
In Appreciation of _____
In Honor of _____

I would like my donation to be earmarked for the following Presentation Sisters Ministry(ies):

- Presentation Partners in Housing Presentation Prayer Center
- Continuing Community Support Where Need is Greatest

Without mentioning the amount, please send an acknowledgment of my gift to:
Name _____
Address _____
City/State/Zip _____

I would like additional gift envelopes. Please send them to my address.

Please mail this form and your gift to

Sisters of the Presentation Development Office
1101 32nd Avenue South * Fargo, North Dakota 58103
(701)237-4857 * FAX: (701)237-9822

Thank You!!!
