

**FSPA Credit Card Mail-in Contribution Form**



Please print this form and mail it to:

FSPA  
Mission Advancement Office  
912 Market Street  
La Crosse, WI 54601-4782

Please type or print:

Prefix Mr. Mrs. Ms. Mr. & Mrs.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Donation Amount: \$35 \$50 \$100 \$250 \$500 Other \$ \_\_\_\_\_

Credit Card: Visa MasterCard Discover American Express

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Month \_\_\_\_\_ of Year \_\_\_\_\_

Code on back of card (3 digit / American Express 4 digit on front): \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Use My Gift as Follows:  
Greatest Need  
Chapel

Affiliation  
Retirement

Ministry Fund

Other \_\_\_\_\_

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Include the following intentions in your prayer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for building hope and sharing your gifts.

FSPA is a charitable organization under Section 501(c)(3) of the Internal Revenue Code. No goods or services were provided in exchange for this donation.

Franciscan Sisters of Perpetual Adoration is grateful for your gift. A letter and formal receipt will be sent to acknowledge your contribution. May God bless and keep you.

Rochelle Nicks  
Director  
Mission Advancement