



School Sisters of Notre Dame
Atlantic-Midwest Province
Donation Form

Your gifts allow us to continue our mission of “Transforming the World Through Education” by helping our ministry—especially to economically disadvantaged women and children—while also providing for the care of our aging and infirm sisters. All donations are greatly appreciated.

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Address(s) _____

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Home Phone (_____) _____ Email _____

Enclosed is my gift of \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Credit Card

Please charge \$ _____ to Visa MasterCard

Account Number _____ Expiration Date _____ Security Code _____

Cardholder Name: _____ Signature _____ Date _____
(please print or type)

Check Enclosed

Check number _____ Please make checks payable to School Sisters of Notre Dame.

This gift is In honor of In memory of _____

Please send acknowledgement of my honor/memorial gift to:

Name(s) _____

Address(s) _____

Please use my gift for your most urgent needs. Please use my gift for retirement needs.

Please use my gift for a wish list item: _____

Please send me information on wills. I have remembered SSND in my will.

My employer has a matching gift program. Employer name _____

Send this completed form to:

School Sisters of Notre Dame
Development Office
345 Belden Hill Road
Wilton, CT 06897-3898
Fax: (203) 761-0210

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School Sisters of Notre Dame do not lend or sell donors' names and addresses to anyone.

I wish to remain anonymous.