



Adrian Dominican Sisters

Office of Development • 1257 East Siena Heights Drive • Adrian, Michigan 49221

www.adriandominicans.org

SUSTAINED GIVING CIRCLE FORM

YES! PLEASE SIGN ME UP TO BEGIN A MONTHLY DONATION TO THE ADRIAN DOMINICAN SISTERS.

Name(s) Please do not list my/our name(s) in the Annual Report.

Mailing Address

Phone: Home Cell Business

City State Zip E-mail

Donor Signature

Date

PAYMENT SCHEDULE

I would like to donate \$_____ every month beginning on _____ (mm/dd/yyyy).

PAYMENT METHOD (CHOOSE CREDIT CARD OR BANK ACCOUNT)

Please charge my **Credit card:** Please **directly debit** from my bank account:

Visa MasterCard Am. Ex Discover

Credit Card Number

Financial Institution

Name on Card

Bank Routing Number

Account Number

Expiration Date

Security Code

Name on Account

Type (checking or savings)

GIFT DESIGNATION

Area of Greatest Need

Ministry Trust

Retirement

Other (please specify) _____

TRIBUTE

Gift in memory of: _____

Gift in honor of: _____

Please send completed form to:

Adrian Dominican Sisters
Development Office
1257 East Siena Heights Drive
Adrian, MI 49221-1793

THANK YOU!