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Name _____

Address _____

City, State & Zip _____

Phone _____

Email _____

I wish to help the Sisters of St. Joseph carry on their work. I am enclosing:

\$10 \$20 \$50 \$100 \$200 \$_____ Cash Check

VISA Master Card Discover American Express

Credit Card Number _____ Expiration Date _____

Signature _____

Please use my tax-deductible gift for:

- SSJ Ministries
- Care of retired/infirm Sisters
- Other _____

Special instructions (intentions, remembrances, etc.)

*We are grateful for your support,
which allows us to advance our
mission and ministries...*