

CARD OF DONATION FORM

Select an amount:

- \$1,000
- \$500
- \$250
- \$100
- \$75.
- other _____

I would like to make this gift:

- In Memory of _____
- In Honor of _____

Name: _____

Occasion (Optional)

- Birthday
- Mother's Day
- Father's Day
- Anniversary
- Care provided by Teresian House
- Other _____

Please send gift notification to:

Name: _____

Address: _____
