



Capuchin Franciscan Friars
Province of the Sacred Stigmata

Capuchin Companions

It's Easy to Begin:

1. Check the Capuchin Companions monthly giving option you prefer: 1A or 1B below.
2. Indicate the desired amount of your monthly gift on the reverse side of this form.
3. Simply send this form in the enclosed envelope. If you choose option 1A, please enclose a check for your first month's contribution.

- 1A. Please transfer my monthly gift from my checking account.
- I've enclosed a check for my first month's contribution.

- 1B. Please charge my monthly gift to:
- Visa MasterCard
- Discover

Credit Card # _____

Signature _____

Exp.Date _____ Sec.Code _____

Date _____

Signature _____

(Your first *automatic* donation will begin in 4 weeks.)

(Your first donation will begin immediately)

2. Yes, to insure that the Capuchin Franciscan Friars have the resources to do God's work each month, I agree to make a monthly contribution of:
- \$10 \$15 \$25 \$50 Other _____ (\$10 minimum)

3. Please fill in your personal contact information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

- Sorry, I am not in the position to become a monthly Donor right now, but please accept my contribution of \$_____

- I have enclosed a check

- Please charge my credit card for this current gift of \$_____

- Visa MasterCard Discover

Credit Card # _____ Exp. Date _____ Sec. Code _____

Signature _____

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