



# Sisters of Saint Francis Pledge and Naming Opportunity Program

Please fill in the following information and return to the address below. Should you have any questions, please contact us (610) 558-7713 or email [fmf@osfphila.org](mailto:fmf@osfphila.org). Thank you!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to pledge a total of \$ \_\_\_\_\_ to the Sisters of St. Francis of Philadelphia over \_\_\_\_\_ years!

**This pledge will be paid:**

Annually       Quarterly       Monthly       Other \_\_\_\_\_

Gift is unrestricted       Gift is restricted to Retirement       Gift Restricted to: \_\_\_\_\_

If you wish to honor or memorialize an individual, please clearly print the name to be remembered below.

In Honor of: \_\_\_\_\_

In Memory of: \_\_\_\_\_

<input type="checkbox"/> I will mail my pledge payment.
<input type="checkbox"/> I would like to have my pledge payment deducted from the following credit card automatically in accordance with the above terms.
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Name on Credit Card: _____
Account Number: _____ Exp. Date: _____
Signature: _____

Mail this form to:  
Sisters of St. Francis Foundation  
Pledge Program  
609 S. Convent Road  
Aston, PA 19014