



*Your gift makes a direct impact in your local area and the world through our various ministries which seek to address unmet needs in our society while providing a more abundant life for God's people. **Thank you for your generosity and kindness.***

Name: (please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please accept my gift of: \$ _____ I prefer that my gift remain anonymous.
(Please make checks payable to the *Sisters of the Humility of Mary*)

I would like to designate this gift for:

- Where it is needed most HM Legacy Trust (In support of ministries)
 Care of our elderly sisters Other: _____

Please make my gift: In honor of: In memory of:

Name(s): _____

Please send an acknowledgment of my gift to:

Name: (please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Please charge my gift of \$ _____ *(We accept all major credit cards.)*

Account Number: _____ Expiration Date: _____

Printed Name: _____

Signature: _____

I would like my gift charged **monthly** on the 1st 15th of the month.

I would like more information about:

- How to include the Sisters of the Humility of Mary in my estate planning *(The Heritage Society)*
 The Villa Maria Circle of Prayer *(Enrollment of family members for prayer and rememberances.)*

Please mail this form and your gift to: Sisters of the Humility of Mary * Development Office
P.O. Box 534 * Villa Maria, PA 16155

Phone: 724-964-8920 ext. 3291 Fax: 724-964-8082 www.humilityofmary.org