



Congregation of the Sisters of Our Lady of Sorrows

Mail – In Donation Form

Personal Information	
First Name	
Last Name	
Address	
Address Line 2	
City	
State	
Zip/Postal Code	
Country	
Telephone Number	
Cell phone Number	
Email Address	

Gift Information	
Gift Amount	US \$
Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
Charge My Card	<input type="checkbox"/> Once <input type="checkbox"/> Every Month For <input type="text"/> Months
Card Number	
Name on Card	
Expiration Date	
Authorized Signature	

Please make all checks payable to the Sisters of Our Lady of Sorrows

Sisters of Our Lady of Sorrows

9894 Norris Ferry Road

Shreveport, LA 71106

May God reward your generosity!