

**Dominican Sisters of Hope**  
**Development Office**  
**& - 'Bcfh '<]][ \ `UbX Ave"**  
**""Cgg]b]b[, NY 105\* &**  
**[sr.lorelle@ophope.org](mailto:sr.lorelle@ophope.org)**  
**914-502-0570**

**Please feel free to print this donation form and mail it along with your gift to the address above. (Please Print Clearly)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Gift amount \$ \_\_\_\_\_ Check enclosed\_\_ (Make check payable to *Dominican Sisters of Hope*)

or Charge my: \_\_ Visa \_\_ MasterCard \_\_ Discover Card \_\_ American Express

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on the credit card \_\_\_\_\_

My gift is for the: \_\_ Elderly Sisters \_\_ Active Ministries \_\_ Wherever it is most needed

**Please send acknowledgement to (if different from above)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**If you wish to honor a loved one, please provide us with the following information:**

**Gift in Honor of \_\_\_\_\_ Or Gift in Memory of \_\_\_\_\_**

\_\_\_\_\_

**Thank you for your continued support and kindness!**

*Please feel free to contact us with any questions or concerns that you may have.*