



Dear Father,

I'd like to help provide medicines and surgical supplies for the poor, suffering sick in our Franciscan Missions.
I enclose my donation of:

\$15 \$25 \$50 \$75 \$100 \$_____

Signature

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Please send this form and your offering to the address below. Thank you.

Make check payable to Franciscan Mission Associates. Please be sure to complete all information.
Franciscan Mission Associates • 274-280 West Lincoln Avenue • P.O. Box 598 • Mount Vernon, NY 10551-0598