



# Franciscan Milk Fund for Mission Children

Dear Father,

Please accept my donation of \$\_\_\_\_\_ for your Franciscan Milk Fund for the little children of the missions.  
Please pray also for my intentions.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please remember my intentions in your prayers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this form and your offering to the address on the right. 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